MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11793

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 2854 Harford Road

3. NAME OF DECEASED: (First) WILLIAM (Middle) N. (Last) ALLAN

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/5/79

9. AGE Last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Plymouth, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Allan

14. MOTHER'S MAIDEN NAME: Angeline Boughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) SPA

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Records, Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CORONARY OCCLUSION	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CORONARY ARTERIOSCLEROSIS	Unknown
	DUE TO (c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from Dec. 2, 19 51 to Dec. 12 19 51, [illegible], and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE: Thomas C. Stansbury Jr. M.D.

(DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MD.

DATE SIGNED: 12/14/51

THOMAS C. STANSBURY, JR., M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 12/17/51

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Ft. Myer, Va.

DATE REC'D BY LOCAL REG.: DEC 16 1951

REGISTRAR'S SIGNATURE: [illegible] Registrar of Vital Statistics, Md. By Dorothy L. Fisher

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Md.

SHIPPED TO: W. W. CHAMBERS FUNERAL HOME, WASHINGTON, D.C. Mildred V. Blight

CHO

COPY SENT TO ~~LOCAL~~ REGISTRAR No. _____ DATE 12/18/51

RECEIVED
DEC 18 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11794

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 642 N. Bend Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~Balto.~~ AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie
STREET ADDRESS (If rural, give location) 212 Oak Lane, S. W. ✓

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) E. (Last) ALLEN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 9, 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Bonjonia

14. MOTHER'S MAIDEN NAME: Anna Dillon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Lee Barron - 212 Oak Lane, S. W. Glenburnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	unknown
	(c)	

430.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease — unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Dec 25, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wm. Bruce M.D. | 1 Mallow Hill Ave. Balto, Md | 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/27/51 | NAME OF CEMETERY OR CREMATORY: Glen Haven Cem. | LOCATION (City, town, or county) (State): Glenburnie, Md.

DATE REC'D BY LOCAL REG. 12/26/51 | REGISTRAR'S SIGNATURE: V E. Harry

24. FUNERAL DIRECTOR | ADDRESS: Wm. J. Lichner & Sons, Balto Md.

RECEIVED
DEC. 27. 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11795

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville. LENGTH OF STAY (in this place) 2½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Balto. City Hospitals

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Andrews

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 1871 | 9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): New York | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Andrews | 14. MOTHER'S MAIDEN NAME: Mary Ann —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: ? | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchial Pneumonia DUE TO — Interval between onset and death: 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis DUE TO — 15 years

(c)

450X 97

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 6 months

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1951, to Dec 19, 1951, that I last saw the deceased alive on Dec 19, 1951, and that death occurred at 6.10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wm. A. Rann M.D. Spring Grove Hospital 12-19-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 12/21/51 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 12/20/51 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR & ADDRESS Wm. F. Hill 1501 E Fort Ave.

JF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

11796

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston — LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston —
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) M (Last) ARMACOST

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1951

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: Jan 29-1853 — 9. AGE last birthday: 98 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired — 10b. KIND OF BUSINESS OR INDUSTRY: Housewife — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Wines — 14. MOTHER'S MAIDEN NAME: Anne Wines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: John Armacost, Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Cardio Renal Disease — Interval Between Onset and Death: 6 years.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

932 (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1945, to Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Maurice C. Pentzfield M.D — Hampstead Md — 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-24-51 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 12-23-51 — REGISTRAR'S SIGNATURE: Mary B. Eline — 24. FUNERAL DIRECTOR — ADDRESS: Edw C Tipton Hampstead Md

VS. A15

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11797

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 7 | LENGTH OF STAY (In this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3605 Sylvan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~COUNTY~~ City.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 7 Md.
STREET ADDRESS (If rural, give location) 3613 Woodbine ✓

3. NAME OF DECEASED (Type or Print): (First) RUTH (Middle) McNAMARA (Last) ARMIGER
4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1957
5. SEX: Female.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Jan 14, 1872
9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: James T. Mc Namara
14. MOTHER'S MAIDEN NAME: Adaline Moon.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT AND ADDRESS: Mrs Ada Dobell (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery Disease. — 1 mo.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none. | 19b. MAJOR FINDINGS OF OPERATION: none. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY none. | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none. m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Z. D. Caples Deputy Med Exam M. D. Reisterstown, Md. 12-28-57

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12/31/57 | NAME OF CEMETERY OR CREMATORY Baltimore Cem. | LOCATION (City, town, or county) (State) Balto., Md

DATE REC'D BY LOCAL REG. December 29-1957 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Wm. J. Fickner & Sons | ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-55A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
STREET ADDRESS (If rural, give location) 1204 FOREST ROAD

3. NAME OF DECEASED (Type or Print): (First) VERNON (Middle) CHESTER (Last) ARMOUR.

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: MAY 28. 1881 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SERVICE MAN | 10b. KIND OF BUSINESS OR INDUSTRY: BETH STEEL CO | 11. BIRTHPLACE (State or foreign country): MEADVILLE PA | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MARTIN ARMOUR | 14. MOTHER'S MAIDEN NAME: ELIZABETH LARKIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: MRS. MARY ARMOUR 1204 FOREST RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY Occlusion.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. L. Davis MD Asp. Med. Examiner Baltimore-Md 12/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 12/28/51 | NAME OF CEMETERY OR CREMATORY: MORELAND PARK | LOCATION (City, town, or county) (State): PARKVILLE MD

DATE REC'D BY LOCAL REG. 12/27/51 | REGISTRAR'S SIGNATURE: A. L. Davis MD

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME | ADDRESS: 2111 DUNDALK AV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 249 ST HELENA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 249 St. Helena Ave

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) MAE (Last) ARTHUR
4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 19 51

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-29-77
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James H Miller
14. MOTHER'S MAIDEN NAME: Mary E Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Lillie Plemmons, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	6 months
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary and generalized arteriosclerosis	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to Dec., 19 51, that I last saw the deceased alive on 22 Dec, 19 51, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): B. W. Dorsey MD — ADDRESS: 2900 Denwan Rd., Dundalk-22-Md — DATE SIGNED: 29 Dec 51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 1/1/52 | NAME OF CEMETERY OR CREMATORY: MT. ZION | LOCATION (City, town, or county) (State): FOUNTAIN Green Md

DATE REC'D BY LOCAL REG.: December 29-1951 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Mildred T. Blight — ADDRESS: 6009 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11800

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seminary Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) Seminary Ave.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Taylor (Last) Ayers

4. DATE OF DEATH: (Month) Dec. (Day) 4, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Feb. 13, 1862

9. AGE last birthday: 89 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Long Green, Md.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Henry Ayers

14. MOTHER'S MAIDEN NAME: Mary J. Hinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mattie Ayers Nett - Lutherville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — Interval Between Onset and Death: Sudden

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia - Nephritis & Hypertension — Interval: Unk.

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 2, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward Green M.D. Towson 4 Md. 12/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 7, 1951

NAME OF CEMETERY OR CREMATORY: St. John

LOCATION (City, town, or county) (State): Long Green, Md.

DATE REC'D BY LOCAL REG.: 12/7/51

REGISTRAR'S SIGNATURE: A W Redmond

24. FUNERAL DIRECTOR: Arthur Tyler Hill ADDRESS: 1603 Druid Hill Ave.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2803 Chenoak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2803 Chenoak Avenue

3. NAME OF DECEASED (Type or Print): (First) Bernhard (Middle) Henry (Last) Baake Sr.

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1951

5. SEX: Man

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 23-1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Baake

14. MOTHER'S MAIDEN NAME: Marquardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Louise Baake, 2803 Chenoak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	13 yrs.
	(c) Arteriosclerosis	13 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1938, to Dec. 10, 1951, that I last saw the deceased alive on Nov. 25, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE: A. M. Bacon, M. D. (Degree or title) — ADDRESS: 2810 Taylor Ave. — DATE SIGNED: 12/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/15/51 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county): Balto (State): Md.

DATE RECD BY LOCAL REG.: 12/12/51 — REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR: L. J. Luck — ADDRESS: 5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4b

Pr. Bacon

DEC 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 113 New Battle Grove Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) S. (Last) BARNES, JR.

4. DATE OF DEATH: (Month) December (Day) 16 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 1-22-01

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Work

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): New Orleans, La.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles S. Barnes

14. MOTHER'S MAIDEN NAME: 1st. name unknown Loisel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I & WW II

16. SOCIAL SECURITY NO.: 429-01-6200

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	CARCINOMA OF BLADDER	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	TOTAL CYSTECTOMY	5 days
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/12/51

19b. MAJOR FINDINGS OF OPERATION: Total cystectomy; bilat. ureterosigmoidostomy

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec.2, 1951, to Dec.16, 1951, [illegible] and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE: William B. VanDegrift
(DEGREE OR TITLE) ADDRESS: WILLIAM B. VANDEGRIFT, M. D. — VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 12-17-51

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF: 12/18/51
NAME OF CEMETERY OR CREMATORY: Loudon Park Crematory
LOCATION (City, town, or county) (State): Frederick, Md

DATE REC'D BY LOCAL REG.: 12/18/51
REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland
Mildred J. Blight

SHIP T : W.A.BARNES,2501 ROBERT ST., NEW ORLEANS, LA.

Items 13,14 Filed 1/7/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — MARYLAND — LENGTH OF STAY (in this place) 4 mos — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington — STREET ADDRESS (If rural, give location) 700 Old Neck Point

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) A (Last) Bayne

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 12 1862

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Logan

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Roomy E. Bayne 700, Old Neck Pt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Myocarditis, acute	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	15 years
	(c)	Myocarditis, chronic	18 years

422.1 1.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1951, to Dec 29, 1951, that I last saw the deceased alive on Dec 28, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David A. Andrew M.D 33 Dundalk Ave Dundalk Md 12/30/51

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 12/30/51 — NAME OF CEMETERY OR CREMATORY: New Mammoth — LOCATION (City, town, or county) (State): Lexington Va

DATE REC'D BY LOCAL REG.: Dec 30-1951 — REGISTRAR'S SIGNATURE: William M. Kelly — 24. FUNERAL DIRECTOR ADDRESS: Welch Funeral Home 2112 Dundalk

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 2. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■g■ is especially im■ortant. Physicia■s: please write the causes of death clearly and legibly.

VS. 415 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Fort Howard

LENGTH OF STAY (in this place): 11 hrs 50 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 838 George St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	A	BIVENS	December 15 1951

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Colored	Married	9-26-90	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Stevadore		Belle Haven, Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Bivens	Betty Major

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW-I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis with infarction of left ventricle,	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) old;dense pericardial fiorous adhesions; heart failure	unknown
	DUE TO (c) Coronary arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I VA attended the deceased from Dec. 15, 19 51, to Dec. 15, 19 51, [redacted] and that death occurred at 9:20 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 12/16/51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/19/51	Natl. Cemetery, Balto.Md.	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/18/51	[signature]	Mrs. Samuel T. Hemsley	570 W. Biddle St. Baltimore, Md.

94-546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11805

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore #9 — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Pt
   LENGTH OF STAY (In this place): 7 months
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2912 Kelmar Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: do
   STREET ADDRESS (If rural give location): #1.

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) (Last) BOLESKI

4. DATE OF DEATH: (Month) Dec. (Day) 9. (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify): Married

8. DATE OF BIRTH: Nov. 16 1878

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Dwelling house

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Coleman

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Edward Lacey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: (a) Malena and hematemesis. — 2 months

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Adeno carcinoma Stomach. — 5 months

46 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardio Vascular Disease. — 8 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Dec 9, 1951, that I last saw the deceased alive on Dec 9, 1951, and that death occurred at 9.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Loren N. Tellin M.D. | 6908 North Point Rd (19) | 12/10/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 13/51 | NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary | LOCATION (City, town, or county) (State): Balto. County

DATE REC'D BY LOCAL REG.: 12/11/51 | REGISTRAR'S SIGNATURE: H. W. Redmond Deputy

24. FUNERAL DIRECTOR | ADDRESS: John B. Weber 401 N. Fulton Street Balto. Md.

VS. A15

ITEMS 8, 9: FILM G137 12-20-51 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Chestnut Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 600 Chestnut Ave.

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) BELLE (Last) BONSALL
4. DATE OF DEATH: (Month) Dec. (Day) 1, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Jan. 15, 1877	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred M. Touchton
14. MOTHER'S MAIDEN NAME: Annie Ely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Mr. Robert F. Bonsall-600 Chestnut Ave. Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac dilatation	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertension Cardio-Vascular disease	2 yrs.
	(c)	

4/37 4rd

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓	✓	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) O
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) Towson, (COUNTY) Balto. (STATE) Md.
TIME OF INJURY: (Month) ✓ (Day) ✓ (Year) ✓ (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan., 1947, to Dec. 1st, 1951, that I last saw the deceased alive on Dec 1st, 1951, and that death occurred at 8.50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Michael A. Abrams M.D.	1830 Eutaw place Balto. Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Entombment	12/4/51	Lorraine Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR.	ADDRESS
12-4-51		Edw. J. Waters & Son	Baltimore, Md

tem 9 FilmG137 1/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11807

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville Md | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2914 Harvest Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville - Balto. Md
STREET ADDRESS (If rural, give location) Parkville - Md.

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) (Last) BOSLEY

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 195 1

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH 10-0-83 | 9. AGE last birthday 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Anthony Wilbright | 14. MOTHER'S MAIDEN NAME Emma Eisenhofer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Leonard Wilbright - 8400 Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary edema — 1 day

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic CVD. — 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 29, 1951, to Dec. 31, 1951, that I last saw the deceased alive on Dec. 30, 1951, and that death occurred at 9 50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Harold A. Groff, M.D. | 8100 Harford Rd | 1/1/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 1-3-52 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) (State) Balto - Md.

DATE REC'D BY LOCAL REG. 1/2/52 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Joseph Leiss & Son | ADDRESS 403 N. Gilmor

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New Jersey — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trenton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) S. (Last) BOYNTON

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: FEB. 23, 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Simpkin

14. MOTHER'S MAIDEN NAME: Mary Simpkin (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X **Immediate cause** (a) Carcinoma of Stomach — Interval Between Onset and Death: 3 yrs.

Antecedent cause(s)

46X5 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5, 1951, to 12/7, 1951, that I last saw the deceased alive on 12/7, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles H. Donnell MD — 7501 York Rd Md — 12/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 10, 1951 | NAME OF CEMETERY OR CREMATORY: Maryland Memorial | LOCATION (City, town, or county) (State): Parkville, Md.

DATE REC'D BY LOCAL REG.: Dec. 10, 1951 | REGISTRAR'S SIGNATURE: Mabel C. Gray | 24. FUNERAL DIRECTOR | ADDRESS: John Burns' Sons, Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay, Md. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md.
STREET ADDRESS (If rural, give location) 402 W Montgomery Ave

3. NAME OF DECEASED (Type or Print): (First) Esther (Middle) Warren (Last) Bradshaw

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 19 57

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 8 1914

9. AGE last birthday: 37 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank H. Pettis

14. MOTHER'S MAIDEN NAME: Edna Hyman Slaymaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Husband: M.W. Bradshaw Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Myocardial degeneration.

(c) Acute Alcoholism.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Geo McKinley MD deceased Rockville Md Dec 29 57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 31 57 | NAME OF CEMETERY OR CREMATORY Rockville | LOCATION (City, town, or county) Montgomery | (State) Md

DATE REC'D BY LOCAL REG. Dec 29 57 | REGISTRAR'S SIGNATURE Geo McKinley

24. FUNERAL DIRECTOR Robt H. Humphrey | ADDRESS Bethesda Md

1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11610

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-K

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place): 4yr. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Maryland
STREET ADDRESS (If rural, give location): Silver Spring Road

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) — (Last) Browning

4. DATE OF DEATH: (Month) December 27 (Day) (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 25 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Ports

14. MOTHER'S MAIDEN NAME: Sarah Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2 yr

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 19.50, to Dec. 27, 19.51, that I last saw the deceased alive on Dec. 26, 19.51, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE: Milton B. Kline — (Degree or title) M. D., ADDRESS: Eudowood Sanatorium, Towson 4, Maryland — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/29/51 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12/28/51 — REGISTRAR'S SIGNATURE: D. W. Helmick

24. FUNERAL DIRECTOR: Wm. Cook, Inc., — ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1 PLACE OF DEATH
a. COUNTY: Baltimore — MARYLAND

2 USUAL RESIDENCE (Where deceased lived. If institution: Res dence before admission)
a. STATE: Maryland — b. COUNTY: Baltimore

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glen Arm

c. LENGTH OF STAY IN 1b: 58 yrs.

c. CITY OR TOWN (If outside corporate limits, write RURAL and g ve nearest town): Glen Arm

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION:

d. STREET ADDRESS:

e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Bertha — Middle: E. — Last: Burton

4. DATE OF DEATH: Month: December — Day: 3 — Year: 19 51

5 SEX: F

6 COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: June 21, 1873

9 AGE (In years last birthday): 78 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12 CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Grammar

14. MOTHER'S MAIDEN NAME: Catherine Besole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

INFORMANT Address: Miss Lucy Burton, Glen Arm, Md.

MED CAL CERTIFICATION

18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Chronic Cardiac disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b): 1

DUE TO

(c):

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY Hour: a. m. / p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from _____, 19____, to _____, 19___, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____M, from the causes and on the date stated above.

ACTUAL SIGNATURE: Walter Hammett M.D — ADDRESS (Street, city or town, state): Baldwin — DATE SIGNED

PHYSICIAN'S NAME (Type): Dr. Walter Hammett, Baldwin, Maryland — Oct. 9, 1959

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 12/6/51

22c. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

22d. LOCATION (City town, or county) (State): Taylor Avenue, Baltimore, Md.

23 FUNERAL DIRECTOR'S SIGNATURE: Lasciak Funeral Home — ADDRESS: Baltimore Md.

24a REC'D BY REGISTRAR DATE: OCT 14 '59

24b REGISTRAR'S SIGNATURE: Arthur J. Krause

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11911

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 4 yrs 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Bloomingdale Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Catonsville)
STREET ADDRESS (If rural, give location) 2 Bloomingdale Ave

3. NAME OF DECEASED (Type or Print): (First) Noah (Middle) A. (Last) Byers Sr.

4. DATE OF DEATH: (Month) December (Day) 3, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 27 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman

10b. KIND OF BUSINESS OR INDUSTRY: Paper

11. BIRTHPLACE (State or foreign country): Carroll Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Noah A. Byers

14. MOTHER'S MAIDEN NAME: Olivia Bankert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Portia Byers 2 Bloomingdale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 14 hr.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertensive Cardio-Vascular Disease — 10 yr.

73d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1951, to 12-3, 1951, that I last saw the deceased alive on 12-3, 1951, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

SIGNATURE: William K. Gallagher (Degree or title) M.D. ADDRESS: Catonsville-28, Md. DATE SIGNED: 12/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 7 1951 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial — LOCATION (City, town, or county) (State): Bel Air, Maryland

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Towne, Wiseman & Hergenroth Inc

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge Road
STREET ADDRESS (If rural, give location) 236 Rogers Forge Rd

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) Charles (Last) Callahan
4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 19-51

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 29 1898
9. AGE last birthday: 52 yrs. | If under 1 year: Months / Days – | If under 24 hrs.: Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF (BUSINESS OR INDUSTRY): Sea Food
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frank A Callahan
14. MOTHER'S MAIDEN NAME: Mary Callaghan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT: Mrs Bessie M. Callahan (wife) Rogers Forge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c) Coronary Thrombosis, Old — 2 4/12 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to Dec., 1951, that I last saw the deceased alive on Dec. 9, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wm. H. Kammer, J. M.D. | 501 Sheridan Ave. | Dec. 10, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec-13-51 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) (State) Baltimore Co.

DATE REC'D BY LOCAL REG. 12-12-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
Stewart Thomas Co. Balto. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Heights
STREET ADDRESS (Number) 600 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Harrison (Last) Carrill

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 2[illegible], 1889

9. AGE (Last birthday) 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Marcus Carrill

14. MOTHER'S MAIDEN NAME: Nancy C. Snelling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Bertha Carrill 6200 Lonvale St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epidermoma Floor of the mouth Septicemia.

143X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

45c (c)

INTERVAL BETWEEN ONSET AND DEATH: 14 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Dec. 1, 1951, that I last saw the deceased alive on Dec. 1, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis A. Klein M.D. ADDRESS 2329 Guilford L. Balto. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-5-51

NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park

LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG. Dec. 4, 1951

REGISTRAR'S SIGNATURE: [illegible]

FUNERAL DIRECTOR: Mrs. Frances C. Hemsley ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11614

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
   LENGTH OF STAY (in this place) 60 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
   STREET ADDRESS (If rural give location) 20 N. Walker Ave

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Harriette (Last) Caughy

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, (MARRIED,) WIDOWED, DIVORCED (Specify): Mar

8. DATE OF BIRTH: May 1, 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: H. W

11. BIRTHPLACE (State or foreign country): Berlin, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Schulz

14. MOTHER'S MAIDEN NAME: ? Opst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Walker Caughy - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 90d (b) Arteriosclerotic CVD

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 27 Nov, 1947, to 20 Dec, 1951, that I last saw the deceased alive on 20 Dec, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: Charles H. Williams (Degree or title) M.D. ADDRESS Pikesville 8, md DATE SIGNED 20 Dec 51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 12/22/51 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville md

DATE REC'D BY LOCAL REG. 12/24/51 — REGISTRAR'S SIGNATURE A W Redmer

24. FUNERAL DIRECTOR: Pikesville Funeral Home Inc — ADDRESS Pikesville

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LOCH RAVEN
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CROMWELL BRIDGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LOCH RAVEN
STREET ADDRESS (If rural, give location): CROMWELL BRIDGE ROAD

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMAS (Last) CHENOWITH

4. DATE OF DEATH: (Month) DEC. (Day) 12, (Year) 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: Dec. 18, 1863

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECTION FOREMAN - RET.

10b. KIND OF BUSINESS OR INDUSTRY: M. & P.R.R.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: MRS. J. T. CHENOWITH, LOCH RAVEN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 day

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

I31X
73a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1957, to Dec 12 1957, that I last saw the deceased alive on Dec 12 1957, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE: William McHammett (Degree or title) ADDRESS: Baldwin DATE SIGNED: Dec 13 57

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: DEC. 14, 1957
NAME OF CEMETERY OR CREMATORY: PROVIDENCE METH. CEM.
LOCATION (City, town, or county) (State): PROVIDENCE, BALTO. CO. MD.

DATE REC'D BY LOCAL REG.: Dec. 14, 1957
REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: JOHN BURNS' SONS, TOWSON, MD.
ADDRESS:

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1816

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Baltimore — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6305 Charles St. Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Rural)
STREET ADDRESS (If rural, give location) 6305 Charles St. Avenue

3. NAME OF DECEASED (Type or Print): (First) Ella R. (Middle) Klinefelter (Last) Childs

4. DATE OF DEATH: (Month) Dec. 30, (Day) (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 10/13/66

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gartman Klinefelter

14. MOTHER'S MAIDEN NAME: Olivia Hodenmayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wm. T. Childs, Jr. - 6305 Chas. St. Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 3 weeks.

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
107 (b) Bronchopneumonia — 4 weeks.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility — 10 years.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1951, to Dec 30, 1951, that I last saw the deceased alive on Dec 29, 1951, and that death occurred at 10 10 A.M., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): A. S. Chalfant M.D. — ADDRESS: 6210 York Road — DATE SIGNED: 12-31-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1 - 2 - 52 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 12-31-51 — REGISTRAR'S SIGNATURE: RW

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. - ADDRESS: 1900 Eutaw Place

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1. PLACE OF DEATH: COUNTY Baltimore Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2125 St Lukes Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2125 St Lukes Lane

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) LINWOOD (Last) CLARY
4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 27 1867
9. AGE last birthday: 84 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant mill
10b. KIND OF BUSINESS OR INDUSTRY: Miller
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Clary
14. MOTHER'S MAIDEN NAME: Sarah Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs LaRue Denker 3605 Howard Park Ave Balto 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset and Death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardio Vascular Disease — 10 years
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1932, to Dec 20, 1951, that I last saw the deceased alive on Dec 19, 1951, and that death occurred at 6.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joshua H Armacost M.D.
ADDRESS: 6419 Windsor Mill Rd Baltimore-7 Md
DATE SIGNED: 12/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec. 22, 1951
NAME OF CEMETERY OR CREMATORY: Prospect Cem.
LOCATION (City, town, or county) (State): Mt Carmel, Freder. Co. Md.

DATE REC'D BY LOCAL REG.: 2/21/52
REGISTRAR'S SIGNATURE: A W Hubner
24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bare Hills — LENGTH OF STAY (In this place) Sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lake Roland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balt. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 9
STREET ADDRESS (If rural, give location) 5910 Smith Ave

3. NAME OF DECEASED (Type or Print): (First) Jonathan (Middle) William (Last) Clausen Jr
4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
M	W	SINGLE	JUNE 13, 1927	24 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUDITOR
10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC ACCOUNTING
11. BIRTHPLACE (State or foreign country): MINNESOTA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JONATHAN W. CLAUSEN SR.
14. MOTHER'S MAIDEN NAME: WINIFRED SACRETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.: 220-20-2823
17. INFORMANT AND ADDRESS: Jonathan W. Clausen 5910 Smith Ave.

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning. Accidental while skating — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

183

OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John L. Hudson M.D. M.D.F. Towson Md 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-26-51	Balto. National Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 31, 1951	Mabel C. Gray	Joseph F. Lucas	Catonsville, Md.

8617

VS. A15A

PLEASE PRINT PLAINLY WITH UNFADING INK IN MARGIN. Physicians is especially important.

. Supply every item of information carefully. The correct age write the causes of death clearly and legibly.

VED FOR BINDING

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural, give location) Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Free (Last) Coale

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 28, 1878

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Coale

14. MOTHER'S MAIDEN NAME: Myra Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. S.F.Coale, Ruxton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular, coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin E. Hudson (Degree or title) M.D. DME ADDRESS: Towson Md DATE SIGNED: 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 24, 1951 | NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery | LOCATION (City, town, or county) (State): Towwon, Maryland

DATE REC'D BY LOCAL REG.: Dec. 24, 1951 | REGISTRAR'S SIGNATURE: Mabel C. Gray | 24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Registered No. ____

BIRTH NO

1. NAME OF DECEASED (Type or Print): ELIZABETH P. COLTON

2. DATE OF DEATH: DEC. 12, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY VILLA
C. Length of stay in Baltimore: 1 YR. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. STATE: VA.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FASTVILLE
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	WIDOWED	AUG. 22, 1867	84		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RICHARD POST
14. MOTHER'S MAIDEN NAME: ELLA STUMP

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: A. HAMILTON POST — ADDRESS: STEVENSON, MD.

MEDICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO
(B) Arterio-Sclerosis - Hypertension
DUE TO
(C)

331X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7 *19*51 *to* Dec 12 *, 19*51*, that I last saw the deceased alive on* Nov *, 19*51*, and that death occurred at* 7:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Walter A Baetjer M. D.
23B. ADDRESS: 1101 St Paul St
23C. DATE SIGNED: Dec 12-51

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-14-1951
24C. NAME OF CEMETERY OR CREMATORY: St THOMAS
24D. LOCATION (City, town, or county) (State): GARRISON MD.

DATE RECEIVED BY LOCAL REGISTRAR: 12/14/51
REGISTRAR'S SIGNATURE: Dw Hedrick
25. FUNERAL DIRECTOR: H. W. JENKINS & SON — ADDRESS: 4104 YORK RD

REG.

PLEASE WRITE PLAINLY, USING INK. Every item of information should be carefully supplied. The correct age is especially important: please write the causes of death clearly and legibly.

IN RESERVED FOR BINDING

VS. A15 8-51

11821

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 10 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 30 S. Abington Ave.

3. NAME OF DECEASED (Type or Print) (First) Harr (Middle) Herbert Cromwell, Sr. (Last)

4. DATE OF DEATH (Month) December (Day) 23, (Year) 1951

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Sept. 22, '72

9. AGE last birthday 79 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Giles Cromwell

14. MOTHER'S MAIDEN NAME Amanda Ellen Harman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sydney Cromwell 30 S. Abington Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	2 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular Hypertension	1 2 3 yr.
	(c) Generalized Arteriosclerosis	53 (?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1951, to 12/23, 1951, that I last saw the deceased alive on 12/22, 1951, and that death occurred at 6:20 Q .m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William K. Gallagher M.D. 6209 Frederick Ave. 12 - 24 - 51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Dec. 26, 1951 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Brooklyn, Maryland

DATE REC'D BY LOCAL REG. 12/26/51 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc.-1900 Eastern Place, Baltimore, Md.
M M Mitchell

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) F. (Last) Crowder
4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1951
5. SEX: M. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH: Nov 19-1865 9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frederick Crowder
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Charles F. Crowder, R. 1, York Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Insufficiency	3 yrs
	(c)	

422.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19.48., to Dec 20, 1951., that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: Adlai McDermott (Degree or title) ADDRESS Baldwin DATE SIGNED 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Dec 22-1951 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. Dec 21-51 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

JAN 23 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 222 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 222 Main Street

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Chester (Last) Cullison

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 3 1885

9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Wilmer Machine Co.

11. BIRTHPLACE (State or foreign country): Altoona, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elijah Cullison

14. MOTHER'S MAIDEN NAME: Annie Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-09-5984

17. INFORMANT AND ADDRESS: Charlotte H. Cullison, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days.
595X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1318	(b) Chronic nephritis	1 yr.
	(c) Hypertension	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Hemorrhage	2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 45, to Dec. 11th 1951, that I last saw the deceased alive on Dec. 10th 1951, and that death occurred at 12.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller M.D. ADDRESS Pikesville, Md. DATE SIGNED 12/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 13, 1951 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 12-12-51 | REGISTRAR'S SIGNATURE Mary D. Eline

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

VS: A15

DEC 1[illegible] 1951

[illegible] V. S.

11824

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 21hrs 50min

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessup

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) P. (Last) CURTIS

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-11-98

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY: Painting & Decor

11. BIRTHPLACE (State or foreign country): Bath Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joe Curtis

14. MOTHER'S MAIDEN NAME: Rachael Randolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 226-18-1136

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) COR PULMONALE	UNKNOWN
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) PULMONARY EMPHYSEMA	UNKNOWN
	DUE TO (c)	

4-21-3

95 c

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

11:50 AM 9:40 AM

22. I hereby certify that I attended the deceased from Dec.4, 1951, to Dec.5, 1951, [redacted] and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Jack M. Burnett — JACK M. BURNETT, M. D. — VAH, FORT HOWARD, MARYLAND — 12-6-51

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/7/51	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/7/51	a W Beard	Howard Blight Funeral Home — Mildred F. Blight	6009 Harford Road, Baltimore 14, Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11525

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colgate
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colgate
STREET ADDRESS (If rural, give location): 7526 Carson Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lula	M	Curtis	Dec 30 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	married	Nov 1, 1883	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	at home	Penna	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Rove	Mary Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Geo F. Curtis 7526 Carson Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	5 days
	(c) hypertension	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cirrhosis of liver	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug, 1951, to Dec 30, 1951, that I last saw the deceased alive on Dec 30, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Mrs A. Jacobs	MD	1010 North Point Rd	Baltimore 12/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/2/52	Oakleaves	Dundalk	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 2-1952	William M. Kelly Jr	John Ulrich	211 E Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 2311 W. Lanvale St.

3. NAME OF DECEASED: (Type or Print) (First) WHITLEY (Middle) R. (Last) DAVIS

4. DATE OF DEATH: (Month) December (Day) 23 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/21/94

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mailman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Davis

14. MOTHER'S MAIDEN NAME: Emma Belt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CEREBRO VASCULAR ACCIDENT	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) HEMIPLEGIA, RIGHT	UNKNOWN
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.16, 19.51., to Dec.23..., 19.51., and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE C.E. Gonzalez M.D. (DEGREE OR TITLE) ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 12/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 12/27/51 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/26/51 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS North & Pennsylayani Ave. Balto., Md.

VS. 416 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 208 S. Payson Street ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	M.	DEETS	December 22 1951

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	10-19-86	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer	Unknown	York, Pa.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles H. Deets	Sophie Yost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WWI	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bilateral Renal Infarction - duration unknown	Unknown
459.0 Antecedent cause(s)	DUE TO (b) Thrombosis, abdominal aorta.	Unknown
442 Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) Aortic Arterio sclerosis with ulceration, duration unknown	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Aspiration pneumonia; carcinoma of lung & duration unknown; pheochromocytoma of adrenal.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Dec. 11 ..., 1951 ..., to Dec. 22 ..., 19 51 ..., and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE John M. Burnett — (DEGREE OR TITLE) JACK M. BURNETT, M. D. — ADDRESS Fort Howard, Md. — DATE SIGNED 12/23/51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/26/51	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 24 1951	a. W. Redrick	Howard Blight Funeral Home	6009 Harford Road, Baltimore, Md.

Medred T. Blight 58

RECEIVED
DEC 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BALTO. 7
LENGTH OF STAY (in this place) 70 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 7 - RURAL
STREET ADDRESS (If rural, give location) RIDGE ROAD

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) HOWARD (Last) DEITZ
4. DATE OF DEATH: (Month) DEC. (Day) 20 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE		MAY 22 - 1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER owner
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): BALTIMORE - MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PHILIP DEITZ
14. MOTHER'S MAIDEN NAME: ELEANOR JANE LEVERING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS: MRS ROBERT DEITZ - RIDGE RD - BALTO. 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	2 WEEKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO - VAS. DISEASE C	5 YEARS
44 93d	(c) GENERALIZED ARTERIO - SCLEROSIS -	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) X — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) X (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from APRIL, 1950, to DEC. 20, 1951, that I last saw the deceased alive on DEC 20, 1951, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE: Thomas E. Wheeler (Degree or title) MD — ADDRESS: Randallstown Md. — DATE SIGNED: 12-20-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 22/51	Mt. View Gdns	Randallstown	Md

DATE REC'D BY LOCAL REG. 12/21/51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Evans, Amoreau 4510 Lovely Hgts Av

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 232 Ridge Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 232 Ridge Avenue

3. NAME OF [redacted] (Type or Print): (First) THOMAS (Middle) EDWIN (Last) DONOHUE

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 16, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 22, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filing Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Tool Mfg. Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 10 days

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131a (b) Hypertension [illegible] — [illegible]

(c) Diabetes [illegible] — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Dec. 16, 1951, that I last saw the deceased alive on Dec 16, 1951, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 19, 1951
NAME OF CEMETERY OR CREMATORY: MT. CARMEL CEM.
LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: Dec. 18, 1951
REGISTRAR'S SIGNATURE: Mabel C. Gray.

24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (In this place) 7 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 606 Avondale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lyons Station; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Glendin	F.	Dorsey	12 -	24 -	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Negro	Single	7/9/33	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	School Student	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Dorsey	Mable Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Robert Dorsey, 606 Avondale Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 10 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 12 ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	None			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			m.			

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. F. Travis M.D.	Dept. Med. Examiner	Dundalk, Md.	12/28/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/28/51	Mount Auburn	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-2-52	2 - Duplicate	Charles K. Law	307 Main St. Dundalk, Md.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct ■age is especially important. Physicians: ple■e write the causes of death clearly ■nd legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 65 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: VEterans Administration Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1717 Covington Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
EDWARD	G.	DOWLIN	December 26 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	7-14-75	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Railroad work		Harford Co., Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Dowlin	Jennie Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	SAW	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY EMBOLUS; LEFT LUNG	SUDDEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) LARGE FIBRO LIPOMA, POSTERIOR MEDIASTINUM, RT.	UNKNOWN
	DUE TO (c)	

2268
56e

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 22, 1951, to Dec. 26, 1951, [illegible] and that death occurred at 2:15 A. m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 12-26-51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-29-51	Western Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-28-51		James L. McCully	128 E. Fort Avenue Baltimore, Maryland

U.S. Air 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

11832

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE; LENGTH OF STAY (in this place) 11 HRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE BALTIMORE MD, COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; STREET ADDRESS (If rural, give location) 734 N FULTON AVE

3. NAME OF DECEASED (Type or Print): (First) EVA. (Middle) E (Last) DRONENBURG.

4. DATE OF DEATH: (Month) DEC (Day) 9 (Year) 1951

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN-18-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTO Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN V HORN

14. MOTHER'S MAIDEN NAME: HANA MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: AUGSBURG HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	- 10 years
	(c)	

4143X 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May -, 1946, to Dec. 9, 1951, that I last saw the deceased alive on Dec. 8, 1951, and that death occurred at Dec. 9 m., from the causes and on the date stated above.

SIGNATURE: Earl L. Chambers, M.D. (Degree or title) ADDRESS: 4108 Liberty Hts Baltimore DATE SIGNED: 12-Dec.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE: DEC-12-51 NAME OF CEMETERY OR CREMATORY: PINE GROVE CEMETERY LOCATION (City, town, or county) (State): MT AIRY MD

DATE REC'D BY LOCAL REG. 12/11/51

REGISTRAR'S SIGNATURE: A W Redmond

24. FUNERAL DIRECTOR: Wm. Chas. A. G. Rohde ADDRESS: 2327 Edmondson Ave

Duke

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 SHIPWAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 24 SHIPWAY

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) CUMMINGS (Last) EARLE

4. DATE OF DEATH: (Month) DEC (Day) 16 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN 23 1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHIEF WAY MASTER

10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD

11. BIRTHPLACE (State or foreign country): MASS.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: BYRON C. EARLE

14. MOTHER'S MAIDEN NAME: THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: WM N. EARLE 24 SHIPWAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE LYMPHATIC LEUKEMIA.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTROPHY OF THE PROSTATE

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 wks. (b) 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 13, 1951, to Dec. 16, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 10:0 a m., from the causes and on the date stated above.

SIGNATURE: W. H. Davis (Degree or title) M.D. ADDRESS: Dundalk. Md DATE SIGNED: 12/16/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 12/19/51 — NAME OF CEMETERY OR CREMATORY: Oaklawn Cem. — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 12/27/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME — ADDRESS: DUNDALK

John Ullrich Jr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]31

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 227 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: N. J. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Camden

STREET ADDRESS (If rural, give location): 1226 Hyde Park

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	W.	EDWARDS	December 27 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	3-9-22	29 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Unknown	Camden, New Jersey	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Edwards	Helen Schierner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	155-05-6633	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY TUBERCULOSIS, FAR ADVANCED, BILATERAL,	UNKNOWN
2 X Antecedent cause(s)	DUE TO ACTIVE	
13b Disease or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 14, 19.51, to Dec.27, 19.51, [illegible] that death occurred at 4:50 P.m., from the causes and on the date stated above.

SIGNATURE: Meredith W. Jensen (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 12-28-51

MEREDITH W. JENSEN M.D.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/51	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
December 29. 1951	R.W.	Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland

Mildred T. Blight

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 PICCADILLY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 511 PICCADILLY ROAD

3. NAME OF [redacted] (Type or Print): (First) BERTHA (Middle) E. (Last) EICHHOLTZ

4. DATE OF DEATH (Month) DEC. (Day) 27, (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW

8. DATE OF BIRTH: MAY 14, 1862

9. AGE last birthday: 89 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD EDGERLEY

14. MOTHER'S MAIDEN NAME: ROSANNA A. STEHMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic cardiovascular disease — 6 months
(c)

4221 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to Dec. 27, 1951, that I last saw the deceased alive on Dec. 27, 1951, and that death occurred at 7 ? m., from the causes and on the date stated above.

SIGNATURE: Wm. H. Eichhorn, M.D. — (Degree or title) — ADDRESS: 1037 N. Calvert St. — DATE SIGNED: 12/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — DATE THEREOF: DEC. 28, 1951 — NAME OF CEMETERY OR CREMATORY: STEIGER FUNERAL HOME — LOCATION (City, town, or county) (State): LANCASTER, PENNA.

DATE REC'D BY LOCAL REG.: Dec. 28, 1951 — REGISTRAR'S SIGNATURE: Mabel C. Gray — 24. FUNERAL DIRECTOR: JOHN BURNS' SONS, TOWSON, MD. — ADDRESS

JAN 2 1. 2
BUREAJ V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS(A)-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

36

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3103 Hammonds Ferry Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
STREET ADDRESS (If rural, give location): 3103 Hammonds Ferry Road

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Dorothy (Last) Emrich

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1957

5. SEX: FEMALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 18, 1915

9. AGE last birthday: 36 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Anthony Killmeyer

14. MOTHER'S MAIDEN NAME: Edith Pearl Randle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Edith Killmeyer 3103 Hammonds Ferry Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiovascular renal disease — dyr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1957, to Dec 20, 1957, that I last saw the deceased alive on Dec 20, 1957, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Geo. M. Kieffer (Degree or title) MD ADDRESS: 2470 Washington Blvd DATE SIGNED: Dec 21 57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12-24-57
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore, Maryland.

DATE REC'D BY LOCAL REG.: Dec 24 57

REGISTRAR'S SIGNATURE: Geo. M. Kieffer

24. FUNERAL DIRECTOR: Geo. L. Schwab ADDRESS: 2101 Frederick Ave. Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1837

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jones Creek — LENGTH OF STAY (In this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2107 Elma Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jones Creek (Balto. 19)
STREET ADDRESS (If rural, give location) 2107 Elma Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Luther	Monroe	Ernhardt	12	14	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Sept. 16, 1895	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer hand	—	N. Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Ernhardt	Ollie Barger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW I	240-22-2818	Marvin L. Bean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral accident (Hemorrhage ?)	5 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. J. Davis MD	Lt. Med. Examiner	Lundale, Md.	12/14/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
BURIAL	12-17-51	Pilgrim Holiness Cem	Gold Hill, North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 14 1951	[illegible]	[illegible] Funeral Home	[illegible]

11938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 20 — LENGTH OF STAY (in this place) 8 MOS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 20 (MIDDLE RIVER)
STREET ADDRESS (If rural, give location) 804 CORD STREET

3. NAME OF DECEASED (Type or Print): (First) ARTIE (Middle) WYMER (Last) ~~EVANS~~ Ervine
4. DATE OF DEATH: (Month) DEC (Day) 11 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ~~WIDOW~~ Married
8. DATE OF BIRTH: 23 MAY 1885
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): WYMER WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JAMES WYMER
14. MOTHER'S MAIDEN NAME: RUTH ~~WYMER~~ Teeter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: MRS C.W. RUSH 804 CORD ST BALTIMORE 20, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	12 HRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerotic heart disease	7 1/2 YRS.
	(c)	

4210 / 9321

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1951, to Dec., 1951, that I last saw the deceased alive on 3 Dec., 1951, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Lowell Riley M.D. — ADDRESS 1000 Hutson Point Rd Catto Ln, Ft. Lee 51 — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Dec. 14, 1951 — NAME OF CEMETERY OR CREMATORY Maplewood Cemetery — LOCATION (City, town, or county) (State) Elkins, W. Va.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — FUNERAL DIRECTOR Miles Amoreau — ADDRESS 4510 Liberty Heights Ave.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manleton — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd., Hereford, md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manleton (Rural)
STREET ADDRESS (If rural, give location) York Rd. Hereford, md

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Grant (Last) Esterline
4. DATE OF DEATH: (Month) Dec (Day) 18 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: April 26 1865
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): Hanover Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Esterline
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Harry Esterline Manleton, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular-Renal disease

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19.5., to Dec 18, 19.5., that I last saw the deceased alive on Dec 17, 19.5., and that death occurred at 6 45 a.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

C. Ray France M.D. Manleton, Md. 12/18/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-20-51 — NAME OF CEMETERY OR CREMATORY: Hereford Baptist Cem. — LOCATION (City, town, or county) (State): Manleton Balto Co md

DATE REC'D BY LOCAL REG.: Dec 20/51 — REGISTRAR'S SIGNATURE: Wm. J. Whitcomb — 24. FUNERAL DIRECTOR — ADDRESS: Lauder M Brooks, Sparks, md

VS. A15

RECEIVED
DEC 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caves Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
STREET ADDRESS (If rural, give location) Caves Road

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Evans

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Mar. 18, 1875

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on Farm

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Evans

14. MOTHER'S MAIDEN NAME: Nancy Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Balto. Co. Welfare, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C-V. Disease. — 2 yrs.

422. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cardiac Decompensation — 1 yr.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. | 19b. MAJOR FINDINGS OF OPERATION: None. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples | (Degree or title): Deputy Med. Exam. M.D. | ADDRESS: Reisterstown, Md. | DATE SIGNED: 12-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 15, 1951 | NAME OF CEMETERY OR CREMATORY: St. Lukes | LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 12-14-51 | REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reisterstown, Md. | ADDRESS

970-11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Foven Village Towson 4
LENGTH OF STAY (In this place) 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1812 Deveron Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Foven Village Towson 4
STREET ADDRESS (If rural, give location) 1812 Deveron Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Fink

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 15, 1878

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Claim Adjuster

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Fink

14. MOTHER'S MAIDEN NAME: Caroline Schauman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Wm. N. Settle-1812 Deveron Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertension, vascular, coronary sclerosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, chronic with extensive sclerosis	1 yr. +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Robert E. Hudson M.D. V.M.E. Towson Md. 12/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/17/51 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Wm. J. Hickey & Sons — Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe | LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crodelock Home Nursing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 708 S Charles St

3. NAME OF DECEASED (Type or Print): (First) Risley (Middle) Fisher (Last)
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1957

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 10/5/75
9. AGE last birthday: 76 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer
10b. KIND OF BUSINESS OR INDUSTRY: L
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 219-03-1476
17. INFORMANT AND ADDRESS: Lowe Lawrence 824 S Hanover St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4/22.1
93d

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1957, to 12-15, 1957, that I last saw the deceased alive on 12-15, 1957, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. Woodridge M D Elkridge 27 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12/19/57
NAME OF CEMETERY OR CREMATORY: Mt Auburn St
LOCATION (City, town, or county) (State): Balto City

DATE REC'D BY LOCAL REG. 12-17-57
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: J L Bowers & Son ADDRESS: 105 W Montgomery St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11243

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg | LENGTH OF STAY (In this place) 35 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 712. Elmwood. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 712. Elmwood. Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Fogwell

4. DATE OF DEATH: (Month) Dec (Day) 2. (Year) 1951

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: April 14-1865 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10b. KIND OF BUSINESS OR INDUSTRY: own. Home | 11. BIRTHPLACE (State or foreign country): Fredk. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Works. | 14. MOTHER'S MAIDEN NAME: Eliza. Leopold.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mr. James. B. Fogwell. 712. Elmwood. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days

331X Antecedent cause(s) (b) Arterio Sclerosis — 10 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1st, 1951, to Dec 2, 1951, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Edward T. Bacon (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 12/5/51 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem. | LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. Dec 4 1951 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Lassahn Funeral Home | ADDRESS: 7401 Belair Rd.

VS. AT

Item 7 FilmG157 12/17/91 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2850 N. Point Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
STREET ADDRESS (If rural, give location) 813 Avondale Rd

3. NAME OF DECEASED (Type or Print): (First) NATHANIEL (Middle) (Last) FOSTER
4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1951
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Sept. 20, 27
9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Dr. Gen.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Russell Foster
14. MOTHER'S MAIDEN NAME: Susie Edward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Susie Foster 813 Avondale Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shot gun wound of head — Interval between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

981X
166

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY TAVERN — (CITY OR TOWN) EDGEMERE — (COUNTY) BALTO — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 8, 1951 P m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Shot by assailant following altercation

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Stanley K. Smucker M.D. — 700 East St. Balto 2 — 12/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-14-51 — NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem. — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 12/11/51 — REGISTRAR'S SIGNATURE: Ella Radcliff — 24. FUNERAL DIRECTOR: Ehrig O. Wilson — ADDRESS: 1000 Bonitey ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3534 Milford Mill Rd.	STREET ADDRESS (If rural, give location) 3534 Milford Mill Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HELEN	C.	FREEDENBURG		Dec.	1	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Sept. 4, 1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Rosenberger	Henrietta Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
-	-	Rockdale Mr. Howard C. Freedenburg-3534 Milford Mill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pneumonia Lobar - Hypo - Hyp	1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterio - Sclerosis	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 14, 19 51, to Dec 1, 19 51, that I last saw the deceased alive on Dec 1, 19 51, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard S. Freedenburg ADDRESS 3534 Milford Mill Rd. DATE SIGNED 12/4/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/4/51	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-4-51	C	Wm. J. Sidney & Son	Balto 11, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11846

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 337 Oella Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 337 Oella Ave.

3. NAME OF DECEASED (Type or Print): (First) May (Middle) L. (Last) Frye
4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1951
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 2, 1877
9. AGE last birthday: 74 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: William H. Hall
14. MOTHER'S MAIDEN NAME: Elizabeth Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Samuel Frye 413 Oella Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 7 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
61 (b) Hypertensive Arteriosclerosis ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-, 1951, to 12-7-, 1951, that I last saw the deceased alive on 12-7-, 1951, and that death occurred at 6. P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. F. Maloney M.D. 57 Winterbourn Balto. 28. 12-8-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-13-51
NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: 12/11/51
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Mrs. Francis A. Hemsley W. Biddle St.
ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11847

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea - Balto #6
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4210 Thorncliff Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Overlea
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govn Baltimore
STREET ADDRESS (If rural, give location) 4210 Thorncliff Rd

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Rebecca (Last) Fuller
4. DATE OF DEATH (Month) (Day) (Year): Dec 7-51

5. SEX: Fem.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feby 19/1893
9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr John Fuller 4210 Thorncliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Disease — Interval between onset and death: Over 5 yrs.

420.1 Pal

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: 12-7-51 9 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Wm Cameron M.D. (Degree or title) ADDRESS: Deputy Medical Examiner Balto Co. Dundalk 22 Md DATE SIGNED: 12/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/10/51 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Balto Md

DATE RECD BY LOCAL REG.: 12/10/51 | REGISTRAR'S SIGNATURE: A.W. Hedrick | 24. FUNERAL DIRECTOR: L.J. Luck | ADDRESS: 5305 Harford Rd

Dnk

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (In this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rexis Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural give location) Rexis Ave.

3. NAME OF DECEASED (Typo or Print): (First) CATHERINE (Middle) (Last) GARDNER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21st, 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 2, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Hetz

14. MOTHER'S MAIDEN NAME: Kunigunda Knoor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Clara B. Rouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular disease	2 yrs.
	(c) Secondary Anaemia	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Baumgardner MD Balto 6 Md 12-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Dec. 24, 1951
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: December 22-1951
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Lansdale Funeral Home ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANSDOWNE — LENGTH OF STAY (In this place): 11 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2612 LAVERNE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANSDOWNE
STREET ADDRESS (If rural, give location): 2612 LAVERNE AVE

3. NAME OF DECEASED (Type or Print): (First) Louisa (Middle) Sophia (Last) Giffen

4. DATE OF DEATH: (Month) Dec. (Day) 6, (Year) 1951

5. SEX: FEMALE — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed — 8. DATE OF BIRTH: March 23, 1864 — 9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Domestic — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ernest Rittershofer — 14. MOTHER'S MAIDEN NAME: Fredericka Albrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: William Kruger 2612 Laverne Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Degeneration — ?

422.1 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1951, to Dec 6, 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Carl Rotting M.D. — ADDRESS: 1206 W Lombard St — DATE SIGNED: Dec 6, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-8-51 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Dec 7 51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: George L. Schwab 2101 Fredericka Ave.

VS. JAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11850

CERTIFICATE OF DEATH

Reg. Dist. No. 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bratie Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 110 Calvert street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) R. (Last) Goodall
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-1-1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Junk Helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY: U.S.a.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. — (If year, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 244-05-0387
17. INFORMANT AND ADDRESS: Florence Worley Ann-md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Valvular Disease

421.4 Antecedent cause(s)

72d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1951, to Dec. 6, 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at 6.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thos F Woolridge MD Edgewater MD Dec 6 (51)

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec 9, 1951
NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Dec. 9, 1951
REGISTRAR'S SIGNATURE: Jorge Keefer
24. FUNERAL DIRECTOR: William Reese
ADDRESS: 108 W. Cesar St Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville — LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Baltimore
STREET ADDRESS (If rural, give location) Spring Grove State Hosp.

3. NAME OF DECEASED: (Type or Print) (First) Claudia (Middle) (Last) Hornley

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 10/5/78

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Hemmy

14. MOTHER'S MAIDEN NAME: Elizabeth Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Records Office Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic heart disease — DUE TO — 2 yrs.
(c) Senile atrophy of brain — DUE TO — 10 yrs.

4202
922

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14 19 51, to Dec 3, 19 51, that I last saw the deceased alive on Dec 3, 19 51, and that death occurred at 11:05 P.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B Herrmann - Dreer MD. Spring Grove State Hosp Catonsville 28 12/4/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/6/51 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, Town, or county) Md. (State)

DATE REC'D BY LOCAL REG. 12/4/51 — REGISTRAR'S SIGNATURE L

24. FUNERAL DIRECTOR J. F. Cook — ADDRESS 5305 Harford Rd

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1952

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville Maryland
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Grove

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug 14, 1882

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Ellicott City Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Millard Fillmore Grove

14. MOTHER'S MAIDEN NAME: Martha Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Not Known (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records - Spring Grove

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia — 24 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis

DUE TO

(c) Parkinsons Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. None

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1951, to Dec 29, 1951, that I last saw the deceased alive on Dec 29, 1951, and that death occurred at 11:55 am m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frederick L Phillips MD Spring Grove Hospital 12/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1-1-52

NAME OF CEMETERY OR CREMATORY Meadowridge

LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REG. DEC 31 1951

REGISTRAR'S SIGNATURE Huntington Williams M.D.

24. FUNERAL DIRECTOR ADDRESS

Roop F C & B M Waller Ellicott City Md

1/3/52

Amended 1-7-52

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1952
BUREAU V. S.

CHD
PRESENT TO LOCAL REGISTRAR No. ____ DATE 1/3/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11053

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Carter (Last) Spell

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 19 51

5. SEX: M | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Aug 4, 1884 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Road construction | 11. BIRTHPLACE (State or foreign country): Spring, Baltimore Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Spell | 14. MOTHER'S MAIDEN NAME: Fannie Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: 717-03-3376 | 17. INFORMANT AND ADDRESS: Mrs. C. Carter Spell, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis due to — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of GI Tract

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to December, 1951, that I last saw the deceased alive on 20 Dec, 1951, and that death occurred at 8:52 P m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kuss | (Degree or title) MD | ADDRESS Cockeysville Md | DATE SIGNED 26 Dec 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 28, 1951 | NAME OF CEMETERY OR CREMATORY: Stephenson A.M.E. | LOCATION (City, town, or county) (State): Sparks, Baltimore, Md.

DATE REC'D BY LOCAL REG.: Dec 27/51 | REGISTRAR'S SIGNATURE: Wm. J. Schaefer | 24. FUNERAL DIRECTOR: J. Alton Crooks | ADDRESS: Sparks, Md.

RE
JAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 54

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 893 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1304 Gage Court

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) E. (Last) HALL

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-9-89

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woosley, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lloyd Hall

14. MOTHER'S MAIDEN NAME: Luvena Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 228-05-7850

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EMPHYSEMA; COR PULMONALE; FAILURE OF	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO RIGHT VENTRICLE	
	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 15, 19 49, to Dec. 26, 19 51 [redacted] and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE: William B. Vande Grift, M. D.
(DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 12-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/28/51
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: DEC 28 1951
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland
Mildred T. Blight

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COPY SENT TO LOCAL REGISTRAR No. CH-8 DATE 1/15/52

RECEIVED
JAN 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11855

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3036 Woodside Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 3036 Woodside Rd.

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Marshall (Last) Hall

4. DATE OF DEATH: (Month) Dec. (Day) 6, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 16, 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Asst Manager Maryland Hospital

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ------Hall

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Marvin H. Hall, 513 Chapel Gate Lane Baltimore 29, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of Oesophagus — 1 yr

150.X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Lungs — 3 mo

46a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 3, 1951

19b. MAJOR FINDINGS OF OPERATION: Anaplastic Carcinoma of Oesophagus with Metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Dec, 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at 10:20 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold H Burns M.D. — ADDRESS 115 E. Eager St. Baltimore 2. Md — DATE SIGNED 12/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/10/51 — NAME OF CEMETERY OR CREMATORY: Loudon Park, 5801 Frederick Rd. — LOCATION (City, town, or county) (State): Balto. 29, Md.

DATE REC'D BY LOCAL REG.: 12/7/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Harry A Kuitze — ADDRESS: 4101 Edmondson Ave

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11956

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY MBALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 134 NEW BATTLE GROVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 134 NEW BATTLE GROVE RD

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ALBERT (Last) HASTINGS

4. DATE OF DEATH: (Month) DEC (Day) 14 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APR 22-1886

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING

11. BIRTHPLACE (State or foreign country): HILLSBORO N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WM. HASTINGS

14. MOTHER'S MAIDEN NAME: MARGARET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: ALBERT J. HASTINGS 2902 LIBERTY PKWY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 18 hrs.

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1951, to Dec 14, 1951, that I last saw the deceased alive on Dec 13, 1951, and that death occurred at 932a m., from the causes and on the date stated above.

SIGNATURE: W P Evans (Degree or Title) MD ADDRESS Dundalk-Md DATE SIGNED 12/16/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 12/18/51 — NAME OF CEMETERY OR CREMATORY: SACRED HEART — LOCATION (City, town, or county) (State): BALTO. MD

DATE REC'D BY LOCAL REG. 12/17/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME — ADDRESS 2112 DUNDALK

John Ullrich Jr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 2430 Ellamont st

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) L (Last) Bradley

4. DATE OF DEATH: (Month) Dec (Day) 6th (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 10th 1866

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farm Home

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Presley Hudson

14. MOTHER'S MAIDEN NAME: Sarah Balderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 2430 Ellamont st. Sarah Humphshire Balto. Md. Forest 6575

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Hemmhage — Interval Between Onset and Death: 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-, 1951, to 12-6, 1951, that I last saw the deceased alive on 12-5, 1951, and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE: C B Lindsay (Degree or title) M.D. ADDRESS 500 DSt. Gramvo Va DATE SIGNED 12-6

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 12/6/51 | NAME OF CEMETERY OR CREMATORY Tatus Key Baptist Church | LOCATION (City, town, or county) (State) Richmond Co. Va.

DATE REC'D BY LOCAL REG. 12-6-51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul st

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Line; LENGTH OF STAY (in this place) 1 hr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY York; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hugo Freedom; STREET ADDRESS (If rural, give location) Second St.

3. NAME OF DECEASED (Type or Print): (First) Clyde (Middle) C. (Last) Hedrick

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 19, 1886

9. AGE (last birthday): 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Plastic Mfg. Plant

11. BIRTHPLACE (State or foreign country): Shrewsbury Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Hedrick

14. MOTHER'S MAIDEN NAME: Hannah Stuffs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 180-09-4233

17. INFORMANT AND ADDRESS: Bertha Hedrick New Freedom R.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull, crushed chest

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 8125 (c) 1702

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 1, 1951 5 3/4 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5 3/4 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. M. France	M.D.	Parkton Md	12/3/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 4 1951	Shrewsbury Luth.	Shrewsbury	York Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 4 1951	Charles F. Fowler	Jacob Hartenstein	New Freedom Pa.

X3—A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11859

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2603 YORKWAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 2603 YORKWAY

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) EDWARD (Last) HILL, SR.

4. DATE OF DEATH: (Month) DEC. (Day) 25 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10 APRIL, 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER

10b. KIND OF BUSINESS OR INDUSTRY: BLDG + LOAN

11. BIRTHPLACE (State or foreign country): W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEVI C. HILL

14. MOTHER'S MAIDEN NAME: VIRGINIA E. MYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 224-03-5732

17. INFORMANT AND ADDRESS: CHAS. E. HILL, JR - 2603 YORKWAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY THROMBOSIS	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940	(b) INFARCT OF ANTERIOR CARDIAC WALL	4 Mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1951, to Dec 25, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen C. Mackowiak M.D. 674 Holabird Ave Baltimore 22md 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/28/51

NAME OF CEMETERY OR CREMATORY: SINAI

LOCATION (City, town, or county) (State): HALLS. [illegible]

DATE REC'D BY LOCAL REG. Dec 27-1951

REGISTRAR'S SIGNATURE: Vincent M. Kelly Jr.

24. FUNERAL DIRECTOR ADDRESS

60-8-15

Items 1,7 FilmG137 1/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 1st

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 900 Shuter Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK		HILL	Dec.	18	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	colored	Single	12/24-1903	47 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Hill	Hattie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Agnes Phillips 913 McDonogh St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute alcoholism	
322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exposure to cold	
190 (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	field plant-outside-Glenn L. Martins		Baltimore County,	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
found 12-18 1:00P.M.		Exposure to cold

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Stanley H. Duncanson	Ass't. Medical Examiner-700 Fleet St.#2	12-20-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-24-51	Mt Calvary Elm	a a. Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 22-1951	R.W.	Payner Sanders	217 E. Preston St

VS. A15A

Items 21 & 22 Film G137 1-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1415 Jefferson Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) HOOPER
4. DATE OF DEATH (Month) (Day) (Year): December 4, 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec 5-1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Dorchester Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hooper
14. MOTHER'S MAIDEN NAME: Jamie Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-8323
17. INFORMANT: Grace Hooper 1415 Jefferson St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction due to coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

186a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures of ribs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Bethlehem Steel (CITY OR TOWN) Co. Sparrows Point, Md. (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 12-4-51 m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Apparently fell from overhead trestle on coal dump. (1-7-52 - ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R S Fraher M D 700 Fleet Street-Balto. 2, Md. Dec. 5, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 8-1951
NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk.
LOCATION (City, town, or county) Arbutus
(State) Md

DATE REC'D BY LOCAL REG. 1-8-51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
Arthur Williams 1515 McElderry St

VS-ATSA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 038

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAYNESVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1683 MUSSULA ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAYNESVILLE
STREET ADDRESS (If rural, give location) 1683 MUSSULA ROAD

3. NAME OF DECEASED (Type or Print): (First) KEMP (Middle) MCCABE (Last) HORN

4. DATE OF DEATH: (Month) DEC. (Day) 1 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 22, 1918

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAYMASTER

10b. KIND OF BUSINESS OR INDUSTRY: TIRE Co.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: KARL M. HORN

14. MOTHER'S MAIDEN NAME: MARIAN E. McCABE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-107-824

17. INFORMANT AND ADDRESS: FRANCES J. HORN SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart disease — Interval Between Onset and Death: 20 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial failure — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Dec, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 7:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas L. Worley, MD 2900 Alameda Blvd - 12/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 12-4-1951
NAME OF CEMETERY OR CREMATORY: DRUID RIDGE
LOCATION (City, town, or county) (State): PIKESVILLE MD

DATE REC'D BY LOCAL REG.: 12-3-51
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD BALTO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11663

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4/5

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS The Wayne Aged & Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 5924 Bertram Ave.,

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) Louise (Last) Howell

4. DATE OF DEATH: (Month) Dec. (Day) 18, (Year) 1951

5. SEX: Female (FEMALE)

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 26, 1891

9. AGE last birthday: 60 yrs.

If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Linen Thread Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wm. Krill

14. MOTHER'S MAIDEN NAME: Carrie Edelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-9581

17. INFORMANT AND ADDRESS: Russell Allen, Jr. 5924 Bertram Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 12 hr.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Grippe — 3 days

61 (c) Generalized arterial arteriosclerosis — many yrs - all l yrs several yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive cardiovascular renal disease. Chronic bronchitis & acute bronchitis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 195-, to Dec. 18, 1951, that I last saw the deceased alive on Dec. 12, 195-, and that death occurred at 12 40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. Schlenger M.D. 6001 Loch Raven Blvd. Dec. 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12-21-1951

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Brooklyn Md.

DATE REC'D BY LOCAL REG. 12/19/51

REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR ADDRESS: G. Howard Strong 3207 E. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville — MARYLAND — LENGTH OF STAY (in this place): 4 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Ba. Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville — STREET ADDRESS (If rural, give location): Masonic Home

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) M (Last) Hughes

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 30 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Masonic Home

11. BIRTHPLACE (State or foreign country): Lycoming Co. Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Hughes

14. MOTHER'S MAIDEN NAME: Patience Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-28-5638

17. INFORMANT AND ADDRESS: Mrs Ethan M. Williams - 1800 N. Charles St

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Heart disease, vascular, coronary sclerosis	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension with arteriosclerosis	unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

422.1
942

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE, (Degree or title): Lorin C. Hudson M.D., D.M.E. — ADDRESS: Towson Md — DATE SIGNED: 12/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 10, 1951 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 12/7/51 — REGISTRAR'S SIGNATURE: A W Rodrick — 24. FUNERAL DIRECTOR: Jones-Lee Funeral Home - 7401 Belair Rd. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11665

CERTIFICATE OF DEATH

Reg. Dist. No. 4 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4610 College Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; STREET ADDRESS (If rural give location) 4610 College Ave

3. NAME OF DECEASED (Type or Print): (First) ARMENIA (Middle) VIRGINIA (Last) HUNTER

4. DATE OF DEATH: (Month) December (Day) 14, (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify): Married

8. DATE OF BIRTH: Aug 2, 1894?

9. AGE last birthday: 57 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto City

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Young

14. MOTHER'S MAIDEN NAME: Amanda Hiney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wm. Hunter 2808 Carroll St Balto Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic disease

(c) arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 2 C 9, 1957

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1948, to Dec 14, 1957, that I last saw the deceased alive on Dec 14, 1957, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE Thomas B Wolfe (Degree or title) M.D. ADDRESS 1331 W North Ave Baltimore DATE SIGNED 12-15-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 12-17-57; NAME OF CEMETERY OR CREMATORY Loudon Pk; LOCATION (City, town, or county) (State) Frederick Rd Balto City

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Gen. Don Kieffer

24. FUNERAL DIRECTOR: Edw Loudon ADDRESS 1339 Wash Blvd Balto Md

CHS

COPY SENT TO ~~LOCAL~~ LEGIS. FOR No. ____ DATE 12/18/51

DEC 13 1951

U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1966

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randall 22 — LENGTH OF STAY (In this place) 41
HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 Patapsco and

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) Mary (Last) Hurley.

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 65

5. SEX: Female | 6. COLOR OR RACE: White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Nov 9/1881 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore City | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick King. | 14. MOTHER'S MAIDEN NAME: Bridgett McNulty.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Francis M. Hurley - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. — Minutes

420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Disease — Over 10 yrs.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF DEATH (Month) (Day) (Year) (Hour) 12 30 51 7:50 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. McSherry M.D. Deputy Medical Examiner Balto. Co. Randall 22 md. 12/30/65

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 1-2-52 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. Dec 31 1965 | REGISTRAR'S SIGNATURE Warren T. Kirby Jr. | 24. FUNERAL DIRECTOR Kelly & Feilenbaum | ADDRESS 703 S. Wolfe St

VS-A15A

Exhibit 3

RECEIVED
JAN 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH
COUNTY Baltimore Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND
LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 43 Bloomsbury Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 43 Bloomsbury Ave

3. NAME OF DECEASED (Type or Print) (First) Marcus (Middle) A. (Last) Ide

4. DATE OF DEATH (Month) (Day) (Year) 12/4/51

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 11/10/1875

9. AGE last birthday 76 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor

10b. KIND OF BUSINESS OR INDUSTRY Calvert Dist. Co.

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ernest Ide

14. MOTHER'S MAIDEN NAME Sylvinia Brinkman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Melva Schlee, 43 Bloomsbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral Lobar Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Parkinsonism

41.X 10?

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 48, to 3 Dec, 19 51, that I last saw the deceased alive on 3 Dec, 19 51, and that death occurred at 12:50A m., from the causes and on the date stated above.

SIGNATURE W. E. Path (M.D.) (Degree or title) ADDRESS 1704 Edmondson Ave Catonsville 28 DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE THEREOF 12/7/51

NAME OF CEMETERY OR CREMATORY Mt. View

LOCATION (City, town, or county) (State) Howard Co, Md.

DATE REC'D BY LOCAL REG. 12/6/51

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR MacNabb & Son ADDRESS

VVV

12749

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Seminary Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) 20 Seminary Avenue

3. NAME OF DECEASED (Type or Print): (First) Levi (Middle) Coleman (Last) Justice
4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1881
9. AGE last birthday: 70 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Self Empl.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levi Justice
14. MOTHER'S MAIDEN NAME: Henrietta Musgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Levi Justice, Lutherville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Bronchopneumonia	30 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial asthma Etiology unk.	3 1/2 yrs
107	(c) Arteriosclerosis, cerebral.	6 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1951, to 12/20, 1951, that I last saw the deceased alive on 12/20, 1951, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Burnett A. Stans MD | Lutherville | 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 23, 1951 | NAME OF CEMETERY OR CREMATORY: Sater's Cemetery | LOCATION (City, town, or county) (State): Brooklyn ville, Md.

DATE REC'D BY LOCAL REG.: Dec. 23, 1951 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR | ADDRESS: John Burns' Sons, Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH 11868

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Hasting Ave House in the rear

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1219 Linden Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Keene
4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1884
9. AGE Last birthday: 66 yrs — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John T.
14. MOTHER'S MAIDEN NAME: Ella
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 5 days

131.2 (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] ADDRESS: [illegible] DATE SIGNED: [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/12/51
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 12-11-51
REGISTRAR'S SIGNATURE: L
24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 60

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Fort Howard

LENGTH OF STAY (in this place): 48 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 3225 Noble Street ✓

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) S. (Last) KIMBALL

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-6-89

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baltimore Copper Works

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Kimball

14. MOTHER'S MAIDEN NAME: Laura Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Pneumonia, duration seven (7) weeks.

490 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

108 (b) Infection of lung with Friedlander's Bacillus, DUE TO type B. Duration seven (7) weeks.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 19 51, to Dec. 31, 19 51, [illegible] and that death occurred at 2:10 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 11/3/52

NAME OF CEMETERY OR CREMATORY: BALTO-NATIONAL

LOCATION (City, town, or county) (State): BALTIMORE, MD

DATE REC'D BY LOCAL REG.: 11/2/52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: ULRICH FUNERAL HOME

ADDRESS: [illegible] ORLEANS

VLL-LLV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is usually important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 21yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 558 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 558 Main Street

3. NAME OF DECEASED (Type or Print): (First) Alva (Middle) Eckler (Last) King
4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1951
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 26, 1909
9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Manager
10b. KIND OF BUSINESS OR INDUSTRY: Suburban Propane Gas
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William E. King
14. MOTHER'S MAIDEN NAME: Laura V. Lockard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 213-01-7765
17. INFORMANT AND ADDRESS: Aldyth W. King, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hour

20.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 19..., to 12-1-, 19 51, that I last saw the deceased alive on 12-1-51, 19..., and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE: James L. Saffell (Degree or title) M.D. ADDRESS: Reisterstown Md. DATE SIGNED: 12-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 3, 1951
NAME OF CEMETERY OR CREMATORY: All-Saints Cemetery
LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 12-2-51
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1951

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bx 193-F Market Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk R.F.D.
STREET ADDRESS (If rural, give location) Bx 193-F Market Ave.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) F (Last) Kleinschmidt

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W.

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: 10-27-89

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawer

10b. KIND OF BUSINESS OR INDUSTRY: Box Factory

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry

14. MOTHER'S MAIDEN NAME: Bertha Gebrandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mary Kleinschmidt — Son Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

W. K. Davis M.D. Dept. Med. Examiner Dundalk Md. 12/17/51

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial | DATE THEREOF 12-17-51 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) Balto. | (State) Md.

DATE REC'D BY LOCAL REG. 12/17/51 | REGISTRAR'S SIGNATURE A W Hudnick

24. FUNERAL DIRECTOR Tracy & Zeiler Inc. | ADDRESS 403 S. Wolfe St.

574-2111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN
LENGTH OF STAY in this place 3 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS YIENGER'S NURSING HOME -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN -
STREET ADDRESS (If rural, give location) LIBERTY RD - HARRISONVILLE.

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) JACOB (Last) KNIGHT

4. DATE OF DEATH: (Month) SEPT. (Day) 4 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: SEPT 4-1872

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING & carpenter

10b. KIND OF BUSINESS OR INDUSTRY: FARMING Co.

11. BIRTHPLACE (State or foreign country): CARROLL COUNTY - MD

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: MR JACOB KNIGHT

14. MOTHER'S MAIDEN NAME: MRS. MARIA SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-05-7114A

17. INFORMANT AND ADDRESS: MR. ALBERT KNIGHT - SON - 200 E. FRANKLINTOWN BALTO 23 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	1 WEEK
600.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93.d	(b) CHRONIC BRONCHITIS -	10 YEARS
	(c) CHRONIC RENAL NEPHRITIS	5 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GEN ARTERIOSCLEROSIS — SENILITY.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 1949, to DEC 4, 1951, that I last saw the deceased alive on DEC 4, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: Homer E. Wheeler (Degree or title) MD ADDRESS Randallstown, Md. DATE SIGNED 12-5-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 8, 1951

NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery

LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG.: 12-5-51

REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: J.F. Eline & Sons ADDRESS: Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1173

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6753 Roberts Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 6753 Roberts Avenue

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) (Last) KOZLOW

4. DATE OF DEATH: (Month) DEC. (Day) 9 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday 45 ? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to carbon monoxide poisoning

911.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute alcoholism

180

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): 6753 Roberts Avenue, Dundalk, Baltimore Co

TIME OF INJURY (Month) (Day) (Year) (Hour): 12/9/51 2:00A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Was smoking in bed and bed caught fire - was overcome by fumes

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Stanley H. Dunbar M.D. ADDRESS: 700 East St. Baltimore DATE SIGNED: 12/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL DEC 28 1951

DATE REC'D BY LOCAL REG. 12/31/51 | REGISTRAR'S SIGNATURE Carl Hedrich | 24. FUNERAL DIRECTOR ADDRESS: Commissioner of Health

RECEIVED
JAN 3 1952
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR NO. ____ DATE 1/3/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1171

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix; LENGTH OF STAY (In this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS Phoenix Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix; STREET ADDRESS (If rural, give location) Phoenix Road

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Carroll (Last) Krale

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 28, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Carroll

14. MOTHER'S MAIDEN NAME: Anna Le Blanc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war, or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Carol Bergquist, Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneamonia	2 da.
450.0 Antecedent cause(s)	(b) Myocardial failure	6 mos.
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) General senile changes	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	? yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ?, 1940, to Dec. 21, 1951, that I last saw the deceased alive on Dec. 21, 1951, and that death occurred at 11:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robt. B. Wright M.D. ADDRESS: Medical Arts Bldg. Baltimore Md. DATE SIGNED: 12/21/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial DATE: Dec. 24, 1951 NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery LOCATION (City, town, or county) (State): Berwyn, Illinois

DATE REC'D BY LOCAL REG.: 12/24/51 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: John Burns' Sons ADDRESS: Towson, Md.

COPY SENT TO LOCAL REGISTRAR No. CHO DATE 1/31/52

RECEIVED
JAN 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (In this place): 3 yrs. 5 mths. 16 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

STREET ADDRESS (If rural, give location) Spring Grove State Hospital

3. NAME OF DECEASED: (Type or Print) (First) LOUISE (Middle) (Last) KREJDLE

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	single	1877	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	---	Unknown	Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Hospital Records, Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Left cerebral hemorrhage	13 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic heart disease	Many yrs.
	DUE TO (c)	Generalized arteriosclerosis, severe	Many yrs.

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4, 19.51., to 12-8, 19.51., that I last saw the deceased alive on 12-8, 1951, and that death occurred at 10:35 p. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann-Greene M.D. ADDRESS Spring Grove State Hospital, Catonsville 28, Md. DATE SIGNED 12-10-51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-14-51	Spring Grove State Hospital	Catonsville 28, Md.

DATE REC'D BY LOCAL REG. 12/13/51 — REGISTRAR'S SIGNATURE V E Harry — 24. FUNERAL DIRECTOR ADDRESS Spring Grove State Hospital

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11876

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8216 Philadelphia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore -rural
STREET ADDRESS (If rural, give location) 8216 Philadelphia Rd.

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) D. (Last) LACKNER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 8, 1864

9. AGE last birthday: 87 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Lackner

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Miss Ruth Lackner 3311 Woodstock Av

13

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardiovascular Renal Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old Age

4 1 . 1

12 1a

(c)

INTERVAL BETWEEN ONSET AND DEATH: about 10 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right arm (November 28, 1951).

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1949, to Dec. 30, 1951, that I last saw the deceased alive on Dec. 26, 1951, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emmett F. Brown M.D. ADDRESS 516 Cathedral St., Balto. 1, Md. DATE SIGNED 12/31/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/2/52

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1/2/52

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11877

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lodge Forest
LENGTH OF STAY (in this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Manor Con. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lodge Forest
STREET ADDRESS (If rural, give location) 7423 Bay Front Road

3. NAME OF DECEASED (Type or Print) (First) SZCZEPAN (Middle) (STEPHEN) (Last) LAMKA

4. DATE OF DEATH (Month) Dec (Day) 5 (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH March 26 1869

9. AGE last birthday 82 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm WORK

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: ?

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 98d (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 340 A.M., from the causes and on the date stated above.

SIGNATURE C. B. Judson (Degree or title) M. D. ADDRESS 520 Dulaney Valley Rd DATE SIGNED 12-6-51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF Dec 7 1951 — NAME OF CEMETERY OR CREMATORY Holy Rosary Cem. — LOCATION (City, town, or county) (State) Balto. County

DATE REC'D BY LOCAL REG. 12/6/51 — REGISTRAR'S SIGNATURE A. W. Lewis — 24. FUNERAL DIRECTOR John M. Weber — ADDRESS 401 E. Chester Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH: COUNTY Baltimore; 2820 OAKGROVE AVE MARYLAND; CITY OR TOWN English Council; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Council; STREET ADDRESS (If rural give location) 2820 OAKGROVE AVE

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) (Last) LAUKAITIS

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): POLAND.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: BOGDAN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHN LAUKAITIS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral accident

(c) Generalized Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 da; (b) 11/24/50; (c) yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/24, 1950, to 12/5, 1951, that I last saw the deceased alive on 12/5, 1951 and that death occurred at 10:02 p.m., from the causes and on the date stated above.

SIGNATURE Joseph G Laukaitis (Degree or title) MD ADDRESS 609 Washington Blvd DATE SIGNED 12/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried; DATE THEREOF 12/10/51; NAME OF CEMETERY OR CREMATORY ST STANISLAUS; LOCATION (City, town, or county) DUNDALK RD; (State) MD

DATE REC'D BY LOCAL REG. 12/10/51; REGISTRAR'S SIGNATURE A W Heubusch

24. FUNERAL DIRECTOR Charles W. Kaehauskas; ADDRESS 703 McHenry St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place): 36 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson 4
STREET ADDRESS (If rural, give location): Eudowood Sanatorium

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) Lipp

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-10-1887

9. AGE last birthday: 64 yrs. If under 1 year: Months 10 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - Eudowood Sanatorium

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lipp

14. MOTHER'S MAIDEN NAME: Theresa Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.: 215-32-1894

17. INFORMANT AND ADDRESS: Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 2 yr.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Generalized arteriosclerosis - coronary sclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1951, to Dec. 15, 1951, that I last saw the deceased alive on Dec. 14, 1951, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milton B. Kress M. D., Eudowood Sanatorium, Towson 4, Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12-19-1951 | NAME OF CEMETERY OR CREMATORY: Most Holy Redeemer | LOCATION (City, town, or county) (State): Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 12/17/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: George J. Kuhl, Inc. | ADDRESS: 1735 Harford Ave Balto Md

VS. A-15

11880

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) non Balto; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair; STREET ADDRESS (If rural, give location) 3 Fenmore Ave

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) F.; (Last) Lynch

4. DATE OF DEATH: (Month) Dec; (Day) 25; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - General Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Lynch

14. MOTHER'S MAIDEN NAME: Mary Shanahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr Martin Lynch. Babikow Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning (accidental)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Last seen 12/22/51

(c) Found in Gunpowder Falls 12/25/51

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Gunpowder Falls. (COUNTY) Balto (STATE) Md.

TIME OF INJURY (Month) 12 (Day) 25 (Year) 1951 (Hour) 9:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Fell into water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Emmanuel M.D. Asst. Medical Examiner 22 W. Preston St. 12/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 12/28/51; NAME OF CEMETERY OR CREMATORY St Johns Cem.; LOCATION (City, town, or county) Long Green Balto Co. (State) Md

DATE REC'D BY LOCAL REG. 12/27/51; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Lansdale Funeral Home 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 5 mos. 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Bruce (Last) Lyons

4. DATE OF DEATH: (Month) Dec. (Day) 23, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Aug 29, 1887

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Police

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pott Lyons

14. MOTHER'S MAIDEN NAME: Sally —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia — 13 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

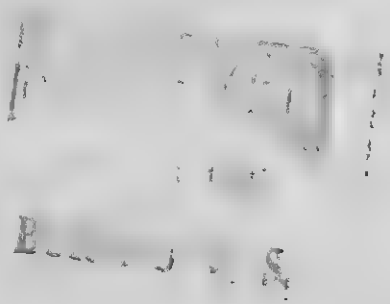
22. I hereby certify that I attended the deceased from July 19, 1951, to Dec 23, 1951, that I last saw the deceased alive on Dec 23, 1951, and that death occurred at 11:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John P. Risley M.D. ADDRESS Spring Grove State Hosp. Catonsville Md. DATE SIGNED Dec 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12/23/51 | REGISTRAR'S SIGNATURE V. E. Harris

24. FUNERAL DIRECTOR ADDRESS William H. Hutchins Owen Calvert Co Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A13

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Fair Reisterstown Rd; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) Lower Reisterstown Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Franklin (Last) Martin

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: July 19, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. Owner

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lewis Martin

14. MOTHER'S MAIDEN NAME: Mary E. Keller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT'S NAME AND ADDRESS: Mrs Stella Martin, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerotic Cardio Renal Vascular Disease	?
131a	(c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Sept 21, 1917, to Dec 29, 1951, that I last saw the deceased alive on Dec 28, 1951, and that death occurred at 12:10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: Joseph E. Buds MD Hampstead Md

DATE SIGNED: 12-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Jan 1/1952; NAME OF CEMETERY OR CREMATORY: Hampstead; LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG. 12-29-51; REGISTRAR'S SIGNATURE: Mary B. Elvia.

24. FUNERAL DIRECTOR ADDRESS: Edel & Tipton, Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS Form 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 58 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1005 S. Carey Street

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) F. (Last) MARTIN

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-10-74

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Martin

14. MOTHER'S MAIDEN NAME: Margaret Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: 216-01-1047

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) CARCINOMA OF THE RECTUM WITH METASTASES — DUE TO — Interval Between Onset and Death: About 8 months

154 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO

462 — (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-21-51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the rectum with metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct.8, 1951, to Dec.5, 1951, [illegible] and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (DEGREE OR TITLE) ADDRESS — DATE SIGNED

JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MARYLAND 12-5-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 7-51 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12/6/51 — REGISTRAR'S SIGNATURE: D.W. Hedrick

24. FUNERAL DIRECTOR: Bernard C. Harle — ADDRESS: 121 E. West Street, Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1628 Shadyside Road

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) C. (Last) MASSON

4. DATE OF DEATH: (Month) December (Day) 16 (Year) 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	7-27-98	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Accountant	John C. Masson	Glasgow, Scotland	Scotland

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Masson	Agnes Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	130-20-0070	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	PULMONARY EMBOLUS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	PULMONARY INFARCT, RIGHT	UNKNOWN
	DUE TO (c)		

465X
11a

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.7, 1951, to Dec.16 19..51, [redacted] and that death occurred at 1:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
THOMAS C. STANSBURY, JR., M. D., VAH, FORT HOWARD, MARYLAND — 12-17-51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12/18/51	Mount Pleasant Cemetery	Canada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
12/18/51	a W Hudnut	William Cook, Inc., St. Paul & Preston Sts. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13th LINDEN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
STREET ADDRESS (If rural, give location): 1311 LINDEN AVE.

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) THOMAS (Last) McGOVERN SR.

4. DATE OF DEATH: (Month) DEC (Day) 19 (Year) 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 5, 1899

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk Storeroom

10b. KIND OF BUSINESS OR INDUSTRY: LORD BALTO. HOTEL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID McGOVERN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT: FRANCIS T. McGOVERN JR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease

(c)

Interval between onset and death:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Leo M. Kieffer (Degree or title) M.D. ADDRESS: Leo Balto Co. 1010 Leadenhall ST DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: Dec. 21, 1957

NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL

LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG. Dec 20 57

REGISTRAR'S SIGNATURE: Leo. Kieffer

24. FUNERAL DIRECTOR: J. Tomlinson ADDRESS: 328 Sulphur Spring Rd

Item 18 Film G139 1-25-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 14 yrs 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5126 Gray Avenue

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) A. (Last) McMurray

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. Dowe

8. DATE OF BIRTH: April 29 1890

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Michael Vicari

14. MOTHER'S MAIDEN NAME: Rose Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Spinal Cord tumor — DUE TO — Interval between onset and death: Uncertain

Antecedent cause(s) — (b) Possible Malignancy of Reproductive organs — DUE TO — Interval between onset and death: Uncertain

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (c) Malignant neoplasm of uterus. (1-25-52 ams)

1744
48 lb

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1951, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 8:30 a.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E. Phillips MD Spring Grove Hosp 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 12-27-1951 — NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL — LOCATION (City, town, or county): BALTO (State): MD

DATE REC'D BY LOCAL REG. 12/26/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. — ADDRESS 4905 YORK RD. BALTO

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Roland Park Apartments

3. NAME OF DECEASED (Type or Print): (First) Estelle (Middle) A. (Last) Mengel

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 19 51

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 18, 1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): proprietress

10b. KIND OF BUSINESS OR INDUSTRY: boarding-house

11. BIRTHPLACE (State or foreign country): Bedford, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Mengel

14. MOTHER'S MAIDEN NAME: Lucinda Probasco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: C. Webster Abbott, Jr.- 641 W. University Pky.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 4 years

45.0 107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1954, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 4-40 A.M., from the causes and on the date stated above.

SIGNATURE W. Webster Abbott (Degree or title) ADDRESS 20 E. Preston St., Balto., Md. DATE SIGNED 12 - 26 - 51

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 12 - 27 - 51 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. 12/26/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John C. Mitchell & Sons, Inc.-1900 Eutaw Place, Baltimore — ADDRESS

J M B Mitchell

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (In this place) 28 1/2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Log Pit. Breakwater.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 1916 Maxwell Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Chester (Last) Meredith
4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 51

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: MAY 14, 1891
9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN
10b. KIND OF BUSINESS OR INDUSTRY: BETH STEEL CO
11. BIRTHPLACE (State or foreign country): CHURCH HILL MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES E. MEREDITH
14. MOTHER'S MAIDEN NAME: MARTHA J. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHN MEREDITH. 2942 LIBERTY PKWY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture rt parietal, temp
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture (multiple) left thigh.
(c) Crushed left lower front chest.
(d) Internal injuries. (Fell 42 feet)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Factory
(CITY OR TOWN) Sparrows Point (COUNTY) (B.C.Co) (STATE) Balto. Md
TIME OF INJURY (Month) 12 (Day) 31 (Year) 51 (Hour) 12 (A.M. or P.M.) A.M
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell off crane 42 feet.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. McCarmine M.D. Dept. Medical Examiner Balto. Co. Dundalk 22 Md 12/31/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 1/2/52
NAME OF CEMETERY OR CREMATORY: MEADOW RIDGE
LOCATION (City, town, or county) (State): DORSEY MD

DATE REC'D BY LOCAL REG. 1/2/52
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: ULRICH FUNERAL HOME
ADDRESS: DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: BALTIMORE
City or town: CATONSVILLE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? ENTERED Dec 3-51

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: X
City or town: BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)
Street No. 769 LEONARD ST
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Augusta J. Miller

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	SINGLE

6.(b) Name of husband or wife: NONE

7. Birth date of deceased (mo., day, yr.): FEB 9-1873 6(c) If alive, give age ..... years

8. AGE: Years 78 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: BALTO MD (Town, county, and state)

10. Usual occupation: BOOK KEEPER

11. Industry or business: WAGNER ICE CREAM

FATHER
12. Name: PETER MILLER
13. Birthplace: GERMANY

MOTHER
14. Maiden name: GEORGEANA KING
15. Birthplace: GERMANY

16. Informant: MRS ETHEL Keene
Address: 400 CROYDON Rd.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 12/8/51 (month) (day) (year)
Cemetery or crematory: LOUDEN PARK CEMETERY
Location: BEECHWOOD Sec 03 Lot

18. Funeral director: Charles P. Towell
Address: 1427 Edmondson Ave

19. 12/7/51 (Date rec'd by registrar) 19 ..... V.E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DEC. 6 19 51, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 49 to Dec. 6 19 51
and that I last saw h[illegible] alive on Dec. 6 19 51

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Hypertension	2 yrs
Due to: arteriosclerosis	indefinite
Other conditions: cardiac & Renal Failure	2 days

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: K. Knubert M.D.
M. D. or other
Address: 244 N. Hilton St. Date signed 12/7/51

144 N HILTON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 14 yrs. 10 mths. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Grove State Hospital Catonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) NICK (Middle) (Last) MILO

4. DATE OF DEATH: (Month) (Day) (Year) December 2, 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 10-6-1881

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 1 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? Austria

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardio-respiratory failure	5½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (stating underlying cause last)	(b) DUE TO Luetic heart disease	Many years
	(c) DUE TO General paralysis of the insane	" "
		" "

025X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23-51, to Dec. 2, 19 51, that I last saw the deceased alive on Dec. 2, 19 51, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann Kreuz MD ADDRESS Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED 12-3-51

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF 12/5/51 NAME OF CEMETERY OR CREMATORY University Med School LOCATION (City, town, or county) Balt City (State) Md

DATE REC'D BY LOCAL REG. 12-3-51 REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Frances A Hemsley 57 W Biddle St ADDRESS

VSA15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11891

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd (Rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural, give location) York Road (Rural)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Dorsey (Last) Mitchell

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Feb. 29 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Sparks Balto. Co, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Gibbons Mitchell

14. MOTHER'S MAIDEN NAME: Rebecca Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary Mitchell, Sparks, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis

422.2 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 49 to Dec. 4 ....., 19 51., that I last saw the deceased alive on Dec. 2 ....., 19 51, and that death occurred at 9 30 p.m., from the causes and on the date stated above.

SIGNATURE: C. W. Frame (Degree or title) M.D. ADDRESS: Parkton Md. DATE SIGNED: 12/4/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF: Dec 6, 1951 | NAME OF CEMETERY OR CREMATORY: Emmanuel | LOCATION (City, town, or county) (State): Glencoe Balto. Co. Md.

DATE REC'D BY LOCAL REG.: Dec. 5 51 | REGISTRAR'S SIGNATURE: W. J. Lehnert

24. FUNERAL DIRECTOR: Landon M Brooks ADDRESS: Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11892

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Maryland; MARYLAND LENGTH OF STAY (in this place) 22 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Training School Owings Mills, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 409 Calvin Ave. Waverly, Balto. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	Geraldine	Mitzel	12	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	9-23-18	33 yr. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
patient	----	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Mitzel	Edna Hinkel Mitzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	----	Rosewood State Training School Owings Mills, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia (probably aspirational) — 24 hours

411 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Epilepsy - 2. Mental Retardation — 24 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	----	----		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		----

22. I hereby certify that I attended the deceased from May 14, 19 29, to Dec. 29, 19 51, that I last saw the deceased alive on 12-29-51, 19 51, and that death occurred at 12:15 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Owings Mills, Maryland — Dec. 29, '51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 2 1951	Maryland Memorial	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/2/52	A W Hedrick	Ellsworth Memorial	

411 X

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stansbury Estate — LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: #9 Fir Drive

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stansbury Estate
   STREET ADDRESS (If rural, give location): #9 Fir Drive

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) (Last) MOHR

4. DATE OF DEATH: (Month) Dec. (Day) 11TH (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 13-1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Klotz

14. MOTHER'S MAIDEN NAME: Elis Boughler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mr. Karl H. Mohr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 week

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension 4-5 yrs. duration — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 1949 to Dec. 11, 1951, that I last saw the deceased alive on Dec. 11, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE: A. Lewis Kolodny M.D. (Degree or title) ADDRESS: 45 Edgewater Baltimore 21 DATE SIGNED: 12/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: Dec. 14-51 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 12-12-51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave Balto 21, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41 — 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (A1) | LENGTH OF STAY (In this place) 5 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2613 SPARROWS PT. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
STREET ADDRESS (If rural, give location) 2613 SPARROWS PT. Rd.

3. NAME OF DECEASED (Type or Print): (First) GUY (Middle) WEBSTER (Last) MONGAN

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4/8/96

9. AGE last birthday: 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: SOL INDUSTRY

11. BIRTHPLACE (State or foreign country): MARTINSBURG, W. VA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH MONGAN

14. MOTHER'S MAIDEN NAME: MARY McDANIEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES | (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 213-07-7429

17. INFORMANT: GUY A. MONGAN - SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
140	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-30-51 11 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. M. Garmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 12/31/51.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 1/2/52 | NAME OF CEMETERY OR CREMATORY: SHLTO. NATIONAL | LOCATION (City, town, or county) (State): BALTO. Md.

DATE REC'D BY LOCAL REG.: Dec 31 1951 | REGISTRAR'S SIGNATURE: William M Kelly Jr. | 24. FUNERAL DIRECTOR | ADDRESS

Signing for M.B. Davis M.D. Deputy Med. Examiner

55-8-22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville R. F. D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Mullinix
4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	May 5 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Md.	U. S. A.

13. FATHER'S NAME: Upton Mullinix
14. MOTHER'S MAIDEN NAME: Mary Jane Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	None	Hubert Mullinix - 1100 Bentalou St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	25 hrs.
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1310	(b) Arteriosclerotic Cardio-Vascular-Renal Disease	5 yrs. (?)
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1951, to 12-25, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilson K. Callaway	M.D.	Catonsville - 28 Md.	12/27/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-28-51	St Michaels	Poplar Springs Howard Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 27, 1951	Victor E. Harry	West & Haight	Sykesville Md.

1311

CHO

COPY SENT TO ~~LOCAL~~ REGISTRAR NO. _____ DATE 1/3/51

Jan 3 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bare Hills
LENGTH OF STAY (in this place) sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lake Roland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 5719 Wilmington Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) Mulvihill

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-10-1923

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: State Roads

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Mulvihill Sr.

14. MOTHER'S MAIDEN NAME: Margaret Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Margaret G. Mulvihill, [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning, Accidental while skating — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

E 924.8
183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin C. Hudson M.D. M.E. ADDRESS Towson Md DATE SIGNED 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-27-1951 | NAME OF CEMETERY OR CREMATORY New Cathedral | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 12/26/51 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John G. Moran | ADDRESS 3000 E. Balt[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11 97

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 615 hillen Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sarasota
STREET ADDRESS (If rural give location) 141 Goldenrod Street

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Andrew (Last) Murphy
4. DATE OF DEATH (Month) December (Day) 15, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Aug. 26, 1875
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker
10b. KIND OF BUSINESS OR INDUSTRY: Retired 6 years
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: MacDonald Murphy
14. MOTHER'S MAIDEN NAME: Vandalia Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mrs. Avis Mahala Murphy Sarasota, Florida

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Sudden.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ben L. Green Jr. M. D. Towson - Md Dec 15, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal and Burial
DATE THEREOF: Dec. 17, 1951
NAME OF CEMETERY OR CREMATORY: Sunset Hill
LOCATION (City, town, or county) (State): Harrisburg, Illinois

DATE REC'D BY LOCAL REG. 12/17/51
REGISTRAR'S SIGNATURE a W Anderson
24. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road
Horace F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '95

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 1 hour

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm. Hosp., Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 793 Saratoga Street

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (Last) NICHOLSON

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/5/1888

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General Work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Margaret Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet. Adm.Hospital, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	PULMONARY TUBERCULOSIS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 9, 1951, to Dec. 9, 1951 [illegible] that death occurred at 2:55 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. H. White, M.D. VAH, FORT HOWARD, MARYLAND 12/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-13-51

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/11/51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Elroy Wilson 1000 Brantley Ave. Balto. Md.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 826 Kingston Road.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) M. (Last) Nixon

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.

8. DATE OF BIRTH: 9-12-72

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Meinetsberger

14. MOTHER'S MAIDEN NAME: Lizzette Leopold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none —

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) General Visceral Failure — Interval between onset and death: 3 months.

DUE TO

Antecedent cause(s) (b) Generalized Arteriosclerosis — 10 years.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

450.0

97

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 1 year

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1951, to 12-19, 1951, that I last saw the deceased alive on 12-19, 1951, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wm. A. Rusin M.D. ADDRESS Spring Grove Hospital DATE SIGNED 12-19-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/21/51 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem. — LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 12-21-51 — REGISTRAR'S SIGNATURE H

24. FUNERAL DIRECTOR Wm. J. Dickens & Sons — ADDRESS Balto Md

VSA 15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY in this place: 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 618 Eastern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural give location): 618 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) STANISLAUS (Middle) (Last) NOWAK (NOVAK)

4. DATE OF DEATH: (Month) December (Day) 25, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 26, 1881

9. AGE Last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212 14 8637

17. INFORMANT: Mr. Stefan Nowak, 1020 Bouldin Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 6 weeks

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerotic cardio vascular disease — 20 yrs

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene, right leg due to Thrombosis ulcers — 3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 19 51, to Dec 25, 19 51, that I last saw the deceased alive on Dec 22, 19 51, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Mack MD — ADDRESS: 422 Eastern Ave Balto. 21, Md — DATE SIGNED: 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/27/51 — NAME OF CEMETERY OR CREMATORY: St. Stanislaus — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12/26/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: M.F. Sadowski & Sons, 1808 Eastern Avenue

510-246

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11901

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (In this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 2234 Ten Oaks Rd.

3. NAME OF DECEASED (Type or Print) ... (Middle) (Last) Noreck

4. DATE OF DEATH (Month) Dec. (Day) 3, (Year) 1951

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ... | 8. DATE OF BIRTH ... | 9. AGE last birthday ... yrs. | If under 1 year: Months ... Days ... | If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ... | 10b. KIND OF BUSINESS OR INDUSTRY Ho... | 11. BIRTHPLACE (State or foreign country) altima | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Adam Dietrich | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Embolism	48 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - Sclerotic Heart Disease	3 yrs.
93d	(c) Hypertension	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.5, 1948, to 12.20, 1951, that I last saw the deceased alive on 12.20, 1951, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E Litton M.D. | ADDRESS 805 Arrad Ave 28 Md | DATE SIGNED 12.20.51

23. BURIAL, CREMATION / REMOVAL (Specify) Bur | DATE THEREOF Dec. 24, 1951 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State) Baltimor

DATE REC'D BY LOCAL REG. DEC 24 1951 | REGISTRAR'S SIGNATURE ... | M. FUNERAL DIRECTOR Fred. H. Cole | ADDRESS 1923 N. Charles St.

MARYLAND STATE DEPARTMENT OF HEALTH

11902

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 904 F St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Albert (Last) Oecksler
4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 51.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 2/1889
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Plate Mill
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Co
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Martin Oecksler.
14. MOTHER'S MAIDEN NAME: unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Nellie Oecksler (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation (by Hanging) — Interval Between Onset and Death: Instantaneous

974X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

160a (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Sparrows Point. (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12 12 51 2 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? With rope around neck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. McLearnnie M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 12/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 15/51
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG. 12/20/51
REGISTRAR'S SIGNATURE: A. W. Pedrick
24. FUNERAL DIRECTOR: Ulrich Funeral Home
ADDRESS: 2102 Dundalk Ave

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

11903

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 16-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3310 Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 3310 Washington Blvd
STREET ADDRESS (If rural, give location): Halethorpe

3. NAME OF DECEASED (Type or Print): (First) Isadore (Middle) K (Last) Ogle
4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 19 37
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: Jan 28 1873
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Howard Kinsey
14. MOTHER'S MAIDEN NAME: Henriette Gregg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Mrs Vernon Long 3310 Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Jos McKieffer M.D. Md Balto 1010 Reed. Ave Dec 20 37

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 22 37 | NAME OF CEMETERY OR CREMATORY: Loudon Cem | LOCATION (City, town, or county) (State): Balto md

DATE REC'D BY LOCAL REG. Dec 22 37 | REGISTRAR'S SIGNATURE: Jos McKieffer | 24. FUNERAL DIRECTOR: Harry H Mc Ke | ADDRESS: 4101 Edmondson Ave

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A (5)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Valley Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 603 Valley Lane

3. NAME OF DECEASED (Type or Print): (First) RUTH (Middle) M. (Last) PARDEW
4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 19 51

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 4, 1883
9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rev. James McLaren
14. MOTHER'S MAIDEN NAME: Ida C. Barbour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mr. McLaren Pardew - 603 Valley Lane Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X Immediate cause (a) Carcinoma of left ovary — Interval Between Onset and Death: 1 yr.

49a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/20/51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20/51, to 12/12/51, that I last saw the deceased alive on 12/12/51, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE: Robert K. Chenault MD (Degree or title) ADDRESS: 1114 St Paul St Balto. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/15/51
NAME OF CEMETERY OR CREMATORY: Baldwin Memorial Church Cem
LOCATION (City, town, or county) (State): A. A. Co., Md.

DATE REC'D BY LOCAL REG.: 12/17/51
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Wm. J. Ackerman & Sons ADDRESS: Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11305

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 3 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Levi (Middle) Nicholas (Last) Pearce

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10/1/72

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filling Station Power Operator

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi Pearce

14. MOTHER'S MAIDEN NAME: Lydia Leidig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Co. Home Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho pneumonia	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive - cardiovascular disease	3 years.
	(c)	

4143X 73d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left inguinal hernia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth B. S Lerch, M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/27/51 — NAME OF CEMETERY OR CREMATORY: MONKTON Cemetery — LOCATION (City, town, or county) (State): MONKTON Balto. Md.

DATE REC'D BY LOCAL REG.: 12/25/51 — REGISTRAR'S SIGNATURE: Wm. J. Schlosser

24. FUNERAL DIRECTOR ADDRESS: Austin E. Donovan 3818 Roland ave. Balto. Md.

RECEIVED
·3 ·7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 83 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELIJAH (Middle) — (Last) PEREGOY

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Dec 20 1862

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Peregoy

14. MOTHER'S MAIDEN NAME: Rachael Peregoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: John Peregoy - Parkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria-Sclerosis — 15 yrs.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1951, to Dec 30, 1951, that I last saw the deceased alive on Dec 25, 1951, and that death occurred at 6:15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Maurice C. Pokrifka M D — Towson Md — 12/29/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 2/52 — NAME OF CEMETERY OR CREMATORY: Towson — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 12-31-51 — REGISTRAR'S SIGNATURE: Mary B. Elvins

24. FUNERAL DIRECTOR: Edw C Tipton — ADDRESS: Hampstead Md

VS-A1

RECEIVED
JAN 2 1952
BUREAU V. S.

11907

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 406 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: N. C. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Spencer

STREET ADDRESS (If rural, give location): 406 Carolina Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JAMES	R.	PHILLIPS	December 31 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	7-19-03	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Timekeeper		Knoxville, Tennessee	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Oscar Phillips	Tinnie Wimberley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	240-09-5006	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY TUBERCULOSIS, FAR ADVANCED, BILATERAL	UNKNOWN
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov. 20, 19 50, to Dec. 31, 19 51, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) PETER J. MODUNETTI, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 12-31-51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal		Chattanooga Memorial Cemetery,	Memorial Drive, Tenn.

DATE RECD BY LOCAL REGISTRAR: JAN 1 1952 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

SHIP TO: National Funeral Home, McCallie Ave., Chattanooga, Tenn.

VS A16 8-51

COPY SENT TO LOCAL REGISTRAR No. 370 DATE 1/3/52

RECEIVED
JAN. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11908

Reg. Dist. No. 6-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (In this place): 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 535 S. Marlyn Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 535 S. Marlyn Ave.

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) MAE (Last) Pike

4. DATE OF DEATH: (Month) December (Day) 27th, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 29, 1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Cool

14. MOTHER'S MAIDEN NAME: Etta Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Walter C. Pike, 535 S. Marlyn Ave. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Apoplexy — Disease	2 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Cardio Vascular	2 yrs
	(c) Bronchial Pneumonia	2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 ..., 1951, to Dec 26 1951, that I last saw the deceased alive on Dec 26 ..., 1951, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE: G W Baumgardner (Degree or title: MD) ADDRESS: Balto 6 Md DATE SIGNED: 12-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Dec. 29, 1951 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 12/29/51 — REGISTRAR'S SIGNATURE: R B Hebert

24. FUNERAL DIRECTOR: Kassabaum Funeral Hm. — ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hampstead | LENGTH OF STAY (in this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Upperco arcadia md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hampstead Upperco.
STREET ADDRESS (If rural, give location): Upperco arcadia md.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) Price

4. DATE OF DEATH: (Month) Dec (Day) 8, (Year) 1951

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower | 8. DATE OF BIRTH: 9/20/69 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farmer | 11. BIRTHPLACE (State or foreign country): Baltimore Co md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Daniel Price | 14. MOTHER'S MAIDEN NAME: Sarah Jane Crouchen.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Mrs. Irvin Armacost, Upperco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Rectum. — 2 mos.

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

46d (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1951 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1951, to Dec 8, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 5 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Maynard F. Sothoron M.D. | ADDRESS: Hampstead Md | DATE SIGNED: 12-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/10/51 | NAME OF CEMETERY OR CREMATORY: Grace Methodist | LOCATION (City, town, or county) (State): Dist 5 Baltimore Co md.

DATE REC'D BY LOCAL REG. 12-8-51 | REGISTRAR'S SIGNATURE: Mary B. Eline | 24. FUNERAL DIRECTOR: R B Wink | ADDRESS: Manchester md

VS-A15

RECEIVED
DEC. 13 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; LENGTH OF STAY (In this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old County Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; STREET ADDRESS (If rural, give location) Old County Road

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Latshaw (Last) Pugh

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept. 4, 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Stark Latshaw

14. MOTHER'S MAIDEN NAME: Annie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs Anne LeBoutillier (daughter) Old County Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ventricular tachycardia; myocardial damage

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis (2 attacks) 2 yrs.

94a (c) Multiple cerebral accidents- thrombosis 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 19 45., to Dec. 22., 19 51., that I last saw the deceased alive on Dec. 7, 19 51., and that death occurred at 8 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charlotte M. Carthy M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Dec. 23/51; NAME OF CEMETERY OR CREMATORY: "Homewood"; LOCATION (City, town, or county) (State): Pittsburgh, Pa.

DATE REC'D BY LOCAL REG.: Dec 3-51; REGISTRAR'S SIGNATURE: D. E. Nichols

24. FUNERAL DIRECTOR: Stewart Morris Co - Balto Md. ADDRESS

VS. A15

RECEIVED
DEC 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1644

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 104 S. Chapel Street

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOSEPH	G.	RAFFERTY	December 11 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	3-25-92	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unemployed electrician		Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James R. Rafferty	Mary L. Lobett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	216-09-0147 ~~Unknown~~	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) BRONCHO-PNEUMONIA, TERMINAL	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO	UNKNOWN
	(c) POSSIBLE CEREBROVASCULAR ACCIDENT	

422 / 934

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.10, 19 51, to Dec.11, 19 51, [redacted] and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) GEORGE L. RIVER, M.D. ADDRESS — DATE SIGNED: 12/11/51

23. BURIAL, CREMATION / REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-14-51	Baltimore National	Baltimore, Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR. ADDRESS
12/13/51	[signature]	Dippel Brothers Funeral Home 1800 E. Lombard St. Baltimore, Md.

5-13-52 Done

Item 9 FilmG138 1/14/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1913 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN Baldthorpe; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN Baldthorpe; STREET ADDRESS (If rural, give location) 7900 Northeast Ave

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) A. (Last) Randolph

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Apr. 8, 1866

9. AGE last birthday: 85 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Pvt. family

11. BIRTHPLACE (State or foreign country): Charles City Va

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Albert Randolph

14. MOTHER'S MAIDEN NAME: Lucy Keagan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Clarence Gordon Leadenhall 1013

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Valvular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

1421.4

922

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 24 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Hiram Hemmeridge (Degree or title) MD ADDRESS Elkridge 27 DATE SIGNED 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-27-1951 | NAME OF CEMETERY OR CREMATORY Mt. Auburn | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 12/27/51 | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR Wallace Funeral Home | ADDRESS 1631 Druid Hill Ave. VE 4-6115

VS-A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (In this place): 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 18
STREET ADDRESS (If rural, give location): 305 Northway

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) O'Mara (Last) Rea

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married

8. DATE OF BIRTH: June 29 1915

9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Balto. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. O'Mara

14. MOTHER'S MAIDEN NAME: Gertrude Wetzler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Personal History- Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 1947-1951

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 13 Yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1951, to Dec. 14, 1951, that I last saw the deceased alive on Dec 14, 1951, and that death occurred at 5:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milton B. Kress M.D., Eudowood Sanatorium, Towson 4, Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE THEREOF: 12/18/51 | NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 12/17/51 | REGISTRAR'S SIGNATURE: a w Hudnut

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD. | ADDRESS: Geo. J. Sander

VS (A-4)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 649 North Bend Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 649 North Bend Road

3. NAME OF DECEASED (Type or Print): (First) HERMAN (Middle) LOUIS (Last) REINHARDT

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 25 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Chimney Bldg

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad Reinhardt

14. MOTHER'S MAIDEN NAME: Mary Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 212-07-9840 A

17. INFORMANT AND ADDRESS: Margaret Reinhardt 649 North Bend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 12 days

Antecedent cause(s) (b) Arterio-Sclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1951, to Dec 18, 1951, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: J. Lloyd Johnson — (Degree or title) MD — ADDRESS: 6748 Frederick Rd Catonsville — DATE SIGNED: 12/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 21-1951 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG.: 12/19/51 — REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR: John W. Turner — ADDRESS: 5311 Edmondson Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 55 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2257 Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) E. (Last) RICHARDS

4. DATE OF DEATH: (Month) (Day) (Year) December 7 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/16/11

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City, N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene Richards

14. MOTHER'S MAIDEN NAME: Emma Kutchera

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) MULTIPLE PERITONEAL ABSCESS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

576X
129

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13, 1951, to Dec. 7, 1951, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
THOMAS C. STANSBURY, JR., M. D. VAH, FORT HOWARD, MARYLAND 12-8-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/11/51

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/11/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
Howard Blight Funeral Home
6009 Harford Road, Baltimore, Maryland

3-3-5-G

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1216

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. M5

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place) 8 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa, Belvina Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) Canterbury Road apt - N. Pine new St. ✓

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Tilden (Last) Riddell

4. DATE OF DEATH: (Month) Dec. (Day) 14th (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar-27-1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): San Francisco, Calif

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Tilden

14. MOTHER'S MAIDEN NAME: Julia Foard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Curt P. Richter (niece) 221 W. Fayette St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular accident	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis & hypertension	15+ yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16/46, 19....., to 12/19/51 19....., that I last saw the deceased alive on 12/19/51, 19....., and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis W Gluck	M.D.	3406 St Paul St	12/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Dec-21-1951	Greenmount Cemetery	Baltimore Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-51	L	Stewart & Brown Co.	10? N. Eutaw St. City #1.

MARYLAND STATE DEPARTMENT OF HEALTH 17

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Howard ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 8 Howard ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Jerome (Last) Ritter Jr

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1957

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single — 8. DATE OF BIRTH (Month, Day, Year) Dec 8 1951 — 9. AGE Last birthday ___ yrs. — If under 1 year: Months 1, Days 3 — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY Child — 11. BIRTHPLACE (State or foreign country) city Balto md — 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME John J Ritter Sr — 14. MOTHER'S MAIDEN NAME Helen Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS John J Ritter Sr 8 Howard ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Regurgitation of food, suffocation — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) accident

(c)

921.1 md

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home — (CITY OR TOWN) Catonsville — (COUNTY) Balto — (STATE) md

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 8 57 a m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Vomiting food gurgle throat & lungs suffocation

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Geo W McKieffer Jr MD Coroner Balto 1015 Leeds ave Dec 8 57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/12/57 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 12/10/57 — REGISTRAR'S SIGNATURE T E Harvey — 24. FUNERAL DIRECTOR — ADDRESS Eastern Ave - Catonsville

20 X B $1252 405

Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Dundalk — LENGTH OF STAY (In this place): Left
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1V4 Patapsco

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural give location): 24 Tabby Cove Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth. (Middle) C. (Last) Roberts

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1951

5. SEX: F. | 6. COLOR OR RACE: W. | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) | 8. DATE OF BIRTH: 7-1-72 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Balto - Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bombard | 14. MOTHER'S MAIDEN NAME: Smeca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — [illegible]

422.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 5 [illegible]

v. 2 (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: + | 19b. MAJOR FINDINGS OF OPERATION: [illegible] | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, ~~street~~, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) /

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12-28-51 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 12/27/51 | REGISTRAR'S SIGNATURE: D.W. Hedrick Jr. | 24. FUNERAL DIRECTOR: Tully & Zeiler - 403 S. Wolfe St. ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cwings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cwings Mills
STREET ADDRESS (If rural, give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Roemer
4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 2, 1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired clerk in general store		Baltimore County	U.S.

13. FATHER'S NAME: Charles Roemer
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
None	217-01-0252	Annie E. Roemer, Cwings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage	16 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension	5 yrs
(c)		

331X
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1950, to Dec. 19th, 1951, that I last saw the deceased alive on Dec. 18th, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James A. Miller M.D. Pikesville, Md 12/20/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 22, 1951	All-Saints	Reisterstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-21-51	Mary B. Cline.	J.F. Cline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 433 Ridgely Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) Box 433 Ridgely Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Ryan Jr.

4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: July 14, 1951

9. AGE last birthday: yrs. — If under 1 year: Months 5, Days 7 — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Fullerton Md city

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Henry Ryan

14. MOTHER'S MAIDEN NAME: Mary Eugenia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Father

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchopneumonia	3 days
1111 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b) Acute Coryza	1-2 weeks
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin C. Hudson M.D. ADDRESS D.M.H. Towson Md DATE SIGNED 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/27/51 — NAME OF CEMETERY OR CREMATORY Maryland Funeral Park — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. December 22, 1951 — REGISTRAR'S SIGNATURE R. W.

24. FUNERAL DIRECTOR L. J. Kueck — ADDRESS 5305 Harford

20 7145 1 25340

CERTIFICATE OF DEATH

Registered No. [illegible]

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alice E. SADLER

2. DATE OF DEATH: Dec 1, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Co. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2527 Wentworth Rd
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto (PARKVille)
D. STREET ADDRESS (If rural, give location): 2527 Wentworth Rd

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug 24 874
9. AGE (In years last birthday): 77
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Jones
14. MOTHER'S MAIDEN NAME: Annie Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: No
17. INFORMANT: Robert L. Sadler
ADDRESS: Same

MEDICAL CERTIFICATE

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs.
DUE TO
443 X ANTECEDENT CAUSES: Hypertensive Cardiovascular — Unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Arteriosclerosis generalized — Unknown

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH:
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Nov., 1951, to ~~[illegible]~~ 1 Dec, 1951, *that I last saw the deceased alive on* 30 Nov, 1951, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward L. J. Mohr M. D.
23B. ADDRESS: 742 S. Harford Rd.
23C. DATE SIGNED: 1 Dec 51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/51
24C. NAME OF CEMETERY OR CREMATORY: Oakdown
24D. LOCATION (City, town, or county) (State): Eastern Cem Md

DATE RECEIVED BY LOCAL REGISTRAR: 12-4-51
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Mildred J. Blight
ADDRESS: 6009 Harford

VS 150

(*) Dr. R. C. Hudson, D.M.E. Balto Co. Informed this Adm. 1 DEC 51 - ELM.

PLEASE WRITE PLAINLY, WITH UNFAILING PERMANENT INK. Every item of information should be carefully supplied. The correct age is especially important. Physician write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena

STREET ADDRESS (If rural, give location): Rivera Beach

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) A. (Last) SASS

4. DATE OF DEATH: (Month) December (Day) 1 (Year) 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-7-77	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad officer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Sass

14. MOTHER'S MAIDEN NAME: Josephine Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) BRONCHOPNEUMONIA, BILATERAL	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CEREBRAL VASCULAR ACCIDENT	3 weeks
	DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE	6 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. LEFT HEMIPLEGIA BILATERAL LEG AMPUTATIONS

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 23, 19 51, to Dec. 1, 19 51, [redacted], and that death occurred at 12:45 A. a.m., from the causes and on the date stated above.

SIGNATURE: A. E. PUGH, M. D. — (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 12-1-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-4-51 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12/3/51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: James L. McCully — ADDRESS: 3914 S. Hanover Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

923

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 8202 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 8202 Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) (Last) SCHNEIDER

4. DATE OF DEATH: (Month) DEC. (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 9-1881

9. AGE last birthday: 70 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Schneider

14. MOTHER'S MAIDEN NAME: Mary Funke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT: Younger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary oedema	2 days
420.1 Antecedent cause(s)	(b) Coronary Infarction	5 days
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Acute Bronchitis	15 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to Dec 16, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs (Degree or title) MD ADDRESS 1010 North Ave DATE SIGNED 12/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 12-19-51 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG.: December 19, 1951 — REGISTRAR'S SIGNATURE: Edith Hensley

24. FUNERAL DIRECTOR: John F. Connelly — ADDRESS: 418 Eastern Ave Balto 21. Md

Item 8. Funeral Director's s[illegible] ... Estate $3,[illegible] (N.I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethrope, Md. LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddocks Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Halethrope, Md.

3. NAME OF DECEASED (Type or Print) (First) Etta (Middle) Seay (Last)
4. DATE OF DEATH (Month) 12/25/51 (Day) (Year) 19

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 1-14-1890
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME Mary Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mary Moore Guilford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

61 (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1951, to Dec 25, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. D. Young M.D. Elkridge Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/28/51	Guilford, Md	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/28/51	[signature]	Leo B. Bacon	1303 Fleetman St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOTE: item 8 h) L T' ' TE thereon:
obvious error.L

11925

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 14 hrs 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 517 N. Fremont Avenue

3. NAME OF DECEASED (Type or Print): (First) STUART (Middle) D. SHEFFEY, JR.

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-1-24

9. AGE last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wytheville, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stuart Sheffey, Sr.

14. MOTHER'S MAIDEN NAME: Jo Anna Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DIABETIC COMA — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* _, *Inquiry* _ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X] *accident* [_] *suicide* [_] *homicide* [_] *undetermined* [_].

SIGNATURE (Degree or title): J. M. Learmonth M.D. — ADDRESS: Baltimore Co. Medical Examiner Dundalk Md. — DATE SIGNED: 7-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 7-21-51

REGISTRAR'S SIGNATURE: L L

24. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: 802 Madison Avenue Baltimore 1, Maryland

Two for no Certifi ate. See Film 0144 7/9/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11526

Reg. Dist. No. X3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Golden Ring — LENGTH OF STAY (In this place) None
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL	M.	SHINE	Dec.	16	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	M	SEPT. 7, 1899	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ARMY	ARMY	JACKSONVILLE, FLORIDA	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes World War I	NO	State - Police - Balto. Co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carbon monoxide poisoning	
891.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
178 B (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street	(CITY OR TOWN) Route 40	(COUNTY) Essex,	(STATE) Maryland
TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 16, 1951 found	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Asphyxiated by exhaust gases in running c r		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) Tandy K. Dunnehan — ADDRESS 700 Fleet St.-Balto. 2, Md. — DATE SIGNED Dec. 17, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	12-18-51	Hardage & Sons Funeral Home.	Jacksonville,	Florida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/18/51	A W Hardage	Earl B Robertson Funeral Home, Inc.	409 E. 25½ St. Baltimore 18, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27 114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 527 S. Bond Street

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (NMI) (Last) SIMINSKI

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-3-96

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired army man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carralton, Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Siminski

14. MOTHER'S MAIDEN NAME: Anna Lukehavens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) RUPTURE OF ESOPHAGEAL VARIX WITH EXSANGUINATION — Interval between onset and death: SUDDEN

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) CIRRHOSIS OF LIVER — UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec.3, 1951, to Dec.25, 1951, [redacted] and that death occurred at 11:20 P.m., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDE GRIFT, M. D. — (DEGREE OR TITLE) VAH, FORT HOWARD, MARYLAND — ADDRESS — DATE SIGNED 12-27-51

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 12/28/51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Saginaw, Michigan

DATE REC'D BY LOCAL REG. DEC 28 1951 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

SHIP TO: Waier Funeral Home, 810 Janes Ave., Saginaw, Mich. Mildred I. Blight

[redacted]SENT TO LOCAL REGISTRAR No. ___ DATE 1/x/xx

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) Eastine (Last) SMITH

4. DATE OF DEATH: (Month) DEC. (Day) 17 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 18-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Eagers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James W. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 yrs

422.2 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1st, 19 57, to Dec 17, 19 57, that I last saw the deceased alive on Dec. 17, 19 57, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James F. Watts M.D. — ADDRESS: 422 Eastern Ave., Baltimore 21, Md. — DATE SIGNED: 12/20/57.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 21-51 — NAME OF CEMETERY OR CREMATORY: Mt Carmel — LOCATION (City, town, or county): Balto Co (State): Md

DATE REC'D BY LOCAL REG.: 12/20/51 — REGISTRAR'S SIGNATURE: A W Bedsole

24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave. Balto 21 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JONES' CREEK
MARYLAND
LENGTH OF STAY (in this place): 5 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7333 GEISE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JONES' CREEK
STREET ADDRESS (If rural, give location): 7333 GELE AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWARD	MITCHELL	SMITH, JR	DEC.	18	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	SINGLE	JULY 15, 1951	— yrs.	5	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md. city	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD M. SMITH, SR.	LOUISE MATTIE KIEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	EDWARD M. SMITH, SR. FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio - respiratory failure	Sudden
470 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 108	(b) Pneumonia, lobular	2 days
	(c) Acute upper respiratory infection	6 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diarrhea	3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-12, 1951, to 12-18, 1951, that I last saw the deceased alive on 12-17, 1951, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Farber	M.D.	Spanos Point, Md.	12-19-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12/21/1951	OAK LAWN	BALTO. CO., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 19-51	Dawson L. Harbor	Kirwin Funeral Home, Inc.	

20122 3124 3405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 28 W. Penna. Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 28 W. Penna. Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) LYMAN (Last) SMITH

4. DATE OF DEATH: (Month) December (Day) 26, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 11, 1871

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Land Surveyor- Retired

10b. KIND OF BUSINESS OR INDUSTRY: Balto.Co., Hwy.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J. Smith

14. MOTHER'S MAIDEN NAME: Bridget Scalley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Margaret Smith, Towson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C - V - Renal Dis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to Dec. 26, 1951, that I last saw the deceased alive on Dec. 26, 1951, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Chas E. Carr Jr. M.D. — 6007 York Rd. — 12/28/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 29, 1951 | NAME OF CEMETERY OR CREMATORY: Monte Marie Cemetery | LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: Dec. 28, 1951 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON | LENGTH OF STAY (in this place) 8WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 OVERBROOK ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 325 OVERBROOK RD.

3. NAME OF DECEASED (Type or Print): (First) FREDERICKA (Middle) JULIA (Last) SOMMERWERCK

4. DATE OF DEATH: (Month) DEC. (Day) 18 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 7, 1886

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: JOHN WEIKART

14. MOTHER'S MAIDEN NAME: ANNIE C. SCHUBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: RUDOLPH J. SOMMERWERK 213 OVERBROOK RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon — Interval Between Onset and Death: Jan 1951

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 1-29-51

19b. MAJOR FINDINGS OF OPERATION: Adeno Ca. of Sigmoid - Resection

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1950, to Dec 20, 1951, that I last saw the deceased alive on 12-20, 51, 19..., and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: 705 Med Arts — DATE SIGNED: 12/20/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 12-21-1951 | NAME OF CEMETERY OR CREMATORY: LORRAINE PARK | LOCATION (City, town, or county) (State): WOODLAWN MD.

DATE REC'D BY LOCAL REG.: 12/20/51 | REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. — ADDRESS: 4905 York Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 447 E. Fort Avenue

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) D. (Last) SOUTH

4. DATE OF DEATH: (Month) (Day) (Year) December 1 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-22-76

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamship Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard South

14. MOTHER'S MAIDEN NAME: Alice Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) LOBULAR PNEUMONIA	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) OLD MYOCARDIAL INFARCTION	UNKNOWN
	DUE TO (c) CORONARY ARTERIOSCLEROSIS	UNKNOWN

420.1 528

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA, BLADDER — UNKNOWN

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov.19, 1951, to Dec.1, 1951, [redacted] and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jack M. Burnett, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 12-1-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/4/51

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12-2-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS WM. Cook, Inc. St. Paul & Preston St., Baltimore, Maryland

3811

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place): 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8110 LONG POINT Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK (22)
STREET ADDRESS (If rural, give location): 8110 LONG POINT Rd.

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) BELL (Last) SPEAR

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1951

5. SEX: FEM.

6. COLOR OR RACE: WH.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: MAY 6, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel FISH

14. MOTHER'S MAIDEN NAME: [illegible] NIGHTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war, or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: CLARENCE M. SPEAR, WHEELING, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, arteriosclerosis cardio-vascular disease.	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

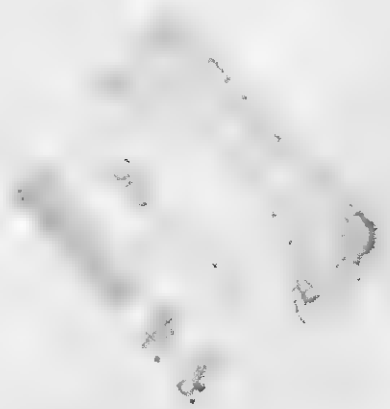
22. I hereby certify that I attended the deceased from 12-7, 1951, to 12-14, 1951, that I last saw the deceased alive on 12-14, 1951, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eugene F. Neary	M. D.	7001 Mornington Rd Dundalk, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
CREMATION	12/17/51	GREEN MOUNT	BALTO. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 17-1951	Nellie V. Kelly	Lisette Brooks Bradley	Kenilworth, Md.

VS-4



B-L-BL

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 1st

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 2 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeys Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 517 Mulberry Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Stewart

4. DATE OF DEATH: (Month) Dec. (Day) 8, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): worked as cook for private home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 220-30-6341

17. INFORMANT AND ADDRESS: R.S.Belknap, 68 Calvert St. Balto. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Peritonitis	2 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestional Obstruction with Gangerine	3 days
	(c) Strangulated Ventral Hernia	4 days

561.3
122a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A. D. Eagles (Degree or title): Dep. Med Exam, M.D. ADDRESS: Reisterstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Dec. 11, 1951; NAME OF CEMETERY OR CREMATORY: All-Saints; LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 12-10-51; REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: J.F.Eline & Sons, Reisterstown, Md. ADDRESS

720-12-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
LENGTH OF STAY (in this place) 49 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) L. (Last) Stiffler
4. DATE OF DEATH (Month) (Day) (Year): December 2, 1951.
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: August 21, 1872
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Taylor, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Winstanley
14. MOTHER'S MAIDEN NAME: Mary Ellen Taylor.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Milton Stiffler, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio - Vascular - Renal Disease

44 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1 1 2 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 50., to Dec. 2, 19 51., that I last saw the deceased alive on Dec. 2, 19 51., and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE: C. M. France (Degree or title): M.D. ADDRESS: Parkton Md DATE SIGNED: 12/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 5 1951 | NAME OF CEMETERY OR CREMATORY: New Freedom Cem. | LOCATION (City, town, or county) (State): New Freedom, York Co. Pa.

DATE REC'D BY LOCAL REG.: Dec 4 1951 | REGISTRAR'S SIGNATURE: Charles L Fraelon | 24. FUNERAL DIRECTOR ADDRESS: J. Jacob Harlenstein, New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11936

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Falls Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Swem (Last)

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 25, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Sept. 16, 1859

9. AGE last birthday: 92 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Dearholt

14. MOTHER'S MAIDEN NAME: Sarah Hare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Bronchopneumonia	3 Days
221 Antecedent cause(s)	(b) Cerebral hemorrhage	5 Days
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio sclerosis Cerebral	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1951, to 12/25, 1951, that I last saw the deceased alive on 12/24, 1951, and that death occurred at 3:22 A.m., from the causes and on the date stated above.

SIGNATURE: Bennett A. Dean (Degree or title): M.D. ADDRESS: Lutherville DATE SIGNED: 12/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 28, 1951 | NAME OF CEMETERY OR CREMATORY: Grace Methodist Cem. | LOCATION (City, town, or county) (State): Falls Rd., Cockeysville, Md.

DATE REC'D BY LOCAL REG. 12/27/51 | REGISTRAR'S SIGNATURE: Wm. J. Linhardt | 24. FUNERAL DIRECTOR: John Burns' Sons, Towsen, Md. | ADDRESS

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4-12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 58 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: /

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 416 Old Home Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
IRA	E.	TALBOTT	December 12 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	10-7-97	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lineman (Retired)	Gas & Elec. Co.	Parkton, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William R. Talbott	Barbara Burs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW I	212-07-6110	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBROVASCULAR ACCIDENT	APPROXIMATELY 14 MONTHS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

331X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct. 15, 19 51, to Dec. 12, 1951, [redacted], and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — 12-12-51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/51	Wiseburg Cemetery	Baltimore County, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/14/51	A W Hedrick	Wm. J. Tickner & Sons North & Pennsylvania, Baltimore, Maryland

15332-3

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place): 1 mth. 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ruxton

STREET ADDRESS (If rural, give location): Bellona Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
ROBERT — TAYLOR, Jr.	December 6, 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	married	7-26-1889	62 yrs.	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
brick salesman	brick	Atlanta, Ga	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Taylor Sr.	Frances Winship

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	W. W. #1		Hospital records, Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardio-respiratory failure	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral vascular accident	8 days
	DUE TO (c) Hypertensive cardiovascular renal disease	Indefinite
	Generalized arteriosclerosis	"

442X
12/10

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct. 29, 195..., to Dec. 6, 1951..., that I last saw the deceased alive on Dec. 6, 19 51, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Ethel B. Hermann Grace MD, Spring Grove State Hospital, Catonsville 28, Maryland — DATE SIGNED: 12-6-51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Dec-8-1951	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-6-51		Stewart & Mowen Co.,	108 W. North Ave., Baltimore #1, Md.

VS-A16 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14 | LENGTH OF STAY (In this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3103 California Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural, give location) 3103 California Ave

3. NAME OF DECEASED (Type or Print): (First) Alison (Middle) Christine (Last) Thomas
4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec 2, 1951
9. AGE last birthday: 3 wks — If under 1 year: Months | Days — If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore 14 Md city
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Nancy N. Thomas
14. MOTHER'S MAIDEN NAME: Ruth Esther Schneiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic meningitis due to hydrocephalus and spina bifida

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin C. Hudson — ADDRESS Towson, Md. — DATE SIGNED Dec. 22, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-22-51 | NAME OF CEMETERY OR CREMATORY Maryland Memorial | LOCATION (City, town, or county) Balto. | (State) Md.

DATE REC'D BY LOCAL REG. Dec 22 1951 | REGISTRAR'S SIGNATURE R. W. | 24. FUNERAL DIRECTOR Leonard J. Fuck | ADDRESS Balto. 14 — 5305 Harford Rd. Md.

2 cc's

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton; LENGTH OF STAY (in this place) 86 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Carmel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton; STREET ADDRESS (If rural, give location) Mt. Carmel.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Jane (Last) Thompson

4. DATE OF DEATH: (Month) (Day) (Year) December 3 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 24, 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Peregoy

14. MOTHER'S MAIDEN NAME: Jane Wisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Edna Thompson, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteric - Sclerotic Heart Disease — Interval Between Onset and Death: 10 years

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchi - Pneumonia (Lobular) — 3 days

932 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Dec. 3, 1951, that I last saw the deceased alive on 12:3, 1951, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. C. Porter, Jr. M.D. Norrisville, Md. Dec. 6

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 6, 1951 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem. | LOCATION (City, town, or county) (State): Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: Dec. 6, 1951 | REGISTRAR'S SIGNATURE: Roberta L. Finder | 24. FUNERAL DIRECTOR ADDRESS: Jacob Bortenstein, New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

514

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; STREET ADDRESS (If rural, give location) 422 F. Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	IRENE	THOMPSON (Thomson)	Dec. 28 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	widowed	Nov. 11, 1890	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Thomas L. Thompson, son, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	4 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C-V Disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1951, to Dec, 1951, that I last saw the deceased alive on Dec. 28, 1951, and that death occurred at 12:15A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Means	M.D	520 E. St. S.P.Pt. 19	12/28/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 31, 1951	Oak Lawn Cemetery	7225 Eastern Ave. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
December 29 1951	[illegible]	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Life Balto 16 — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lennings Lane Box 161 Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto 16 Md White Marsh
STREET ADDRESS (If rural, give location): Lennings Lane Box 161 Route 2

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) Toboll

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	July 25 1894	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Farmer	Own Farm	Balto Co Md	U.S.A.

13. FATHER'S NAME: John Toboll

14. MOTHER'S MAIDEN NAME: Wilhelmina Klosteman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mrs. Charles W Toboll Lennings Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	10 years
260X 61	(c) Diabetic Gangrene of Feet	1 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 22, 1951, to Dec 11, 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G W Baumgardner	MD	Balto 6 Md	12-11-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/14/51	Zion Luth Cem	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/14/51	A.E. Herbert	Lassahn Funeral Home	7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 6 mon.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Allegheny Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 102 Allegheny Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) BUTLER (Last) TONGE

4. DATE OF DEATH: (Month) December (Day) 14, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Nov. 21, 1860

9. AGE last birthday: 91 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet-metal worker - ret.

10b. KIND OF BUSINESS OR INDUSTRY: Tinning Contractor

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Tonge

14. MOTHER'S MAIDEN NAME: Margaret Ehlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-Am.

16. SOCIAL SECURITY NO.: 212-16-8576

17. INFORMANT AND ADDRESS: Miss Marie Hoke, 102 Allegheny Ave., Towson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

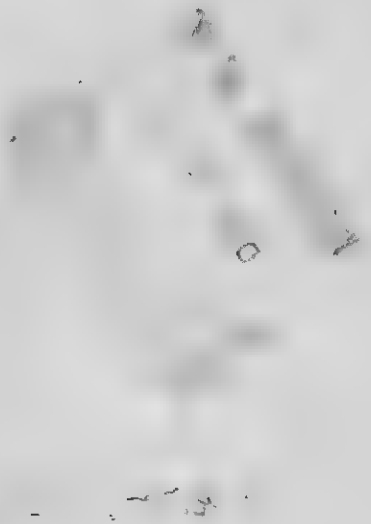
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 17, 1951 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG.: Dec. 17, 1951 | REGISTRAR'S SIGNATURE: Mabel C. Gray | 24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md. ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holbrook; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holbrook; STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Reuben (Middle) Albert (Last) Triplett

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 6 1858

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli Triplett

14. MOTHER'S MAIDEN NAME: Annie L. Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Rachel E. Triplett - Randallstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease — Interval between onset and death: 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

422.1 (b) Senility

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to 12/19/51, that I last saw the deceased alive on 12/19/51, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 12/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-22-51

NAME OF CEMETERY OR CREMATORY: Wards Chapel

LOCATION (City, town, or county) (State): Liberty Rd Balto Co Md.

DATE REC'D BY LOCAL REG.: 12/20/51

REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: Wm. J. Haight - Sykesville Md.

ADDRESS

VS. A-5

RECEIVED
JAN 19 1952
BUREAU V. S.

11945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3010 Lavender Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3010 Lavender Avenue

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) U (Last) Turner

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 22-1859

9. AGE last birthday: 92 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Allen

14. MOTHER'S MAIDEN NAME: Frances Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Anna Meyers - 3010 Lavender

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia (Lobular) Bronchus 5 — Interval Between Onset and Death: 1 wk

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 19 49, to 12/13, 19 51, that I last saw the deceased alive on 12/7, 19 51, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE Ewald F. Mutzer (Degree or title) M.D. ADDRESS 3589 Evergreen Ave Balto 14 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/17/51 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. December 15-1951 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR L. J. Luck — ADDRESS 5305 Harford Rd

Dr. Mintzer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place): 32 yrs. 5 mths 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

STREET ADDRESS (If rural, give location): Spring Grove State Hospital

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
GEORGE		UNITIS	December 6, 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	May, 1879	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
blacksmith		Kovno, Lithuania	Lithuania

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
(Unknown)	(Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardio-respiratory failure	4 hours
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause — stating underlying cause last	DUE TO (b) Malnoutrition and anemia	Prior to June, 1951
	DUE TO (c) Carcinoma of the stomach with generalized ~~metastasis~~	Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Indefinite

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
9-25-51	Carcinoma of the cardia of the stomach with metastasis	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6-1-, 1951, to 12-6, 19 51, that I last saw the deceased alive on Dec. 6, 19 51, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann Assoc MD — ADDRESS Spring Grove State Hospital Catonsville 28, Md. — DATE SIGNED 12-6-51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/8/51	Holy Redeemer	Belair Rd Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 8, 1951	R.W.	Chas. W. Kachauskas	703 McHenry St

5 61-4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — Owings Mills, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training Sch. Owings Mills, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY: 2026 E. Biddle Street — Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 2026 E. Biddle Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) Unverzagt

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-8-15

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Unverzagt - dead

14. MOTHER'S MAIDEN NAME: Sophie Walters Unverzagt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Status epilepticus	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy	Chronic
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1926, to Dec. 21, 1951, that I last saw the deceased alive on Dec. 20, 1951, and that death occurred at 12:15a m., from the causes and on the date stated above.

SIGNATURE: Charles Wood M.D. (Degree or title) ADDRESS: Owings Mills DATE SIGNED: 12-22-51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 12/22/51 | NAME OF CEMETERY OR CREMATORY: TRINITY | LOCATION (City, town, or county) (State): BALTIMORE

DATE REC'D BY LOCAL REG.: December 22 1951 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME ADDRESS: 2008 ORLEANS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11948

Reg. Diat. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

1. PLACE OF DEATH:

County Baltimore

City or town Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:

.....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Notch cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Sister Mary Othmar Voelker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 24 - 1869

8. AGE:

Years	Months	Days	If less than one day
82		13	..... hrs. .. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER

12. Name Alois Voelker

13. Birthplace Bavaria Germany

MOTHER

14 Maiden name Gertrude Bergmann

15 Birthplace Bavaria Germany

16. Informant Sr. Mary Clara

Address Notch Cliff, Md.

17 BURIAL (Burial, cremation, or removal. Which?) Date thereof 12-10-51. (month) (day) (year)

Cemetery or crematory Villa Maria

Location Notch Cliff nr. Towson

18. Funeral director Charles L. Zeiler

Address 901 S. Conkling St. Balto. 24, Md

19. ..... 19..... .....

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1951 at 4.30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1950 to Dec 7 1951

and that I last saw h.. alive on Dec 4 1951

Immediate cause of death Acute Uraemia — 2 wks

Due to .....

Due to .....

Other conditions 792X 132 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Clint Green M.D. M. D. or other

Address 28 Allegheny Ave Towson Date signed .....

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7210 Waldman Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 7210 Waldman Ave.

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) EDWARD (Last) WALDMAN SR.

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 5-22-83

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Christopher Waldman

14. MOTHER'S MAIDEN NAME: Frederade Stopsner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-01-6167

17. INFORMANT AND ADDRESS: Edward Waldman - son Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 5 m

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Davis M.D. 6 Bel Air - Mulberry Rd 12/11/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF 12-12-51 | NAME OF CEMETERY OR CREMATORY Mt Carmel | LOCATION (City, town, or county) Dundalk (State) Md

DATE RECD BY LOCAL REG. 12/10/51 | REGISTRAR'S SIGNATURE A.E. Hedrick | 24. FUNERAL DIRECTOR Tracy Tyson | ADDRESS 703 S. Wolfe St.

DMK.

Items 5,6,7 FilmG139 2/5/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2410 N. Paca St
STREET ADDRESS (If rural, give location) Baltimore

3. NAME OF DECEASED (Type or Print): (First) Pleasant (Middle) — (Last) Ware

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1881

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Day

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 2

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Craddock Nursing Home Halethorpe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Disease

1021 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1957, to Dec 28, 1957, that I last saw the deceased alive on Dec 27, 1957, and that death occurred at 9:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. M. Rodriguez ADDRESS Md Edmondson Ave DATE SIGNED 12-28-57

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF 1/18/58 | NAME OF CEMETERY OR CREMATORY: Mem. Park Md. Mem. Park | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/16/58 | REGISTRAR'S SIGNATURE Dr. Geo. S. M. Kieffer

24. FUNERAL DIRECTOR: Negus Bros. | ADDRESS: 4[illegible] Assisting Board (E. Lexington St)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 555 Mosher St.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (NMI) (Last) WEBB

4. DATE OF DEATH: (Month) December (Day) 21, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5/15/83

9. AGE last birthday: 68 yrs. — IF UNDER 1 YR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Apt. Bldg.

11. BIRTHPLACE (State or foreign country): Tappahannock, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Webb

14. MOTHER'S MAIDEN NAME: Elizabeth Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 212-16-4654

17. INFORMANT & ADDRESS: Clin.Records,Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) LOBULAR PNEUMONIA, RIGHT — UNKNOWN

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

108

DUE TO (b)

1544

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/20/51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from Dec. 20, 19.51, to Dec. 21, 19.51, ~~[illegible]~~ and that death occurred at 9.15 a.m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett
(DEGREE OR TITLE) JACK M. BURNETT, M.D.
ADDRESS: VAH, Fort Howard, Maryland
DATE SIGNED: 12-22-51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 12/26/51

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Charles R. Law Funeral Home

ADDRESS: 802 Madison Ave., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

11952

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) Relay
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 1461 Rolling Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Relay
   STREET ADDRESS (If rural, give location) 1461 Rolling Rd

3. NAME OF DECEASED (Type or Print): (First) Noah — (Middle) R — (Last) Webster

4. DATE OF DEATH: (Month) Dec — (Day) 25 — (Year) 57

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 7 1858

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prospector owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Kents Island Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Webster

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Watson Relay Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.1 Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Cerebro Vascular disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Lee W Kieffer, MD Coroner Balto 1010 Reeder Rd Dec 27 57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-28-57 | NAME OF CEMETERY OR CREMATORY: Kents Island Md | LOCATION (City, town, or county) (State): same md

DATE REC'D BY LOCAL REG. Dec 27 57 | REGISTRAR'S SIGNATURE: Lee Kieffer | 24. FUNERAL DIRECTOR: Mitchell Funeral Home | ADDRESS: Kents Island Md

VS. A&A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Stillwater Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 305 Stillwater Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) WEIS

4. DATE OF DEATH: (Month) Dec. (Day) 1st (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July-19-1894

9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Weigmann

14. MOTHER'S MAIDEN NAME: Barbara Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Julius Weis (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: immediate

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 94a

(b) Myocarditis — 2 months

(c) Hypertensive Cardiovascular Disease — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/51, 19....., to....., 19....., that I last saw the deceased alive on 0....., 19....., and that death occurred at 6.30 P.M., from the causes and on the date stated above.

SIGNATURE: Joseph Nicoli | (Degree or title) MD | ADDRESS 412 Eastern Ave Balto 21 Md | DATE SIGNED 12/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12-4-51 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. | LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 12-4-51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John G. Connelly | ADDRESS 418 Eastern Ave. Balto 21, Md.

V8-A35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 13 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25
STREET ADDRESS (If rural, give location) R.F.D. Towson, Middle

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) E (Last) Wetzel

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 13, 1901

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Tower City, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesly Wetzel

14. MOTHER'S MAIDEN NAME: Daisy Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY No.: 199-07-8549

17. INFORMANT AND ADDRESS: Personal History- Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis + Silicosis — Interval between onset and death: 1½ yr.

001X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1951, to Dec 3, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

SIGNATURE: Milton B. Kress (Degree or title) M.D., ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — DATE THEREOF: DEC. 4, 1951 — NAME OF CEMETERY OR CREMATORY: DREISIGACKER FUNERAL HOME — LOCATION (City, town, or county) (State): TOWER CITY, PENNA

DATE REC'D BY LOCAL REG.: Dec. 4, 1951 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: JOHN BURNS' SONS, TOWSON, MD. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5311 Lewellen Ave.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
	STREET ADDRESS (If rural, give location) 5311 Lewellen Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year) 19
MINNIE	MARIE	WHEELER	Dec. 17, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	married	Oct. 11, 1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rudolph Stein	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mr. George H. Wheeler - 5311 Llewelyn Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CORONARY THROMBOSIS	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIO VASCULAR DISEASE	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8..., 19.51, to 12-14-51, 19.51, that I last saw the deceased alive on 12-12-51, 19.51, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/21/51	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/21/51	A. W. Hahnel	Wm. J. Pickener & Sons	Balto 17 Md.

VS.-415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12 | 4 | 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 15 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1900 Deering Avenue

3. NAME OF DECEASED (Type or Print): (First) MERTON (Middle) B. (Last) WHITE

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 3-16-99

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montrose, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Berton White

14. MOTHER'S MAIDEN NAME: Anna Hinds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490K Immediate cause (a) PNEUMONIA, BILATERAL — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.16, 1951, to Dec.17, 1951, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (DEGREE OR TITLE) ADDRESS: IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED: 12-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-20-51 NAME OF CEMETERY OR CREMATORY: Baltimore National Cem. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12/19/51 REGISTRAR'S SIGNATURE: a Attendance

24. FUNERAL DIRECTOR ADDRESS: Edward Toulson 2359 Washington Blvd. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1157 Cert. No. 441

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 512 Riverside Road

3. NAME OF DECEASED: (Type or Print) (First) ARCH (Middle) (NMI) (Last) WILKERSON

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-5-76

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months: IF UNDER 24 HRS. Days: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): Laport Co., Ind.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christopher Wilkerson

14. MOTHER'S MAIDEN NAME: Ella Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) LYMPHOMA,TYPE UNDETERMINED, PROBABLY LYMPHOSARCOMA — UNKNOWN
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

200.1
55.2

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 31, 1951, to Dec. 8, 1951, [redacted] and that death occurred at 11:20 P.m., from the causes and on the date stated above.

SIGNATURE: Thomas C. Stansbury, Jr., M.D. (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 12-10-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/12/51 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG. 12/11/51 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 5-K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 316 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 691 Pierce Street

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) J. (Last) WILLIAMS

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-6-86

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Williams

14. MOTHER'S MAIDEN NAME: Sara Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CENTRAL NERVOUS SYSTEM SYPHILIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

30 c

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.23, 19 51, to Dec.5, 19 51, [illegible] and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas C. Stansbury Jr. M.D.

(DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 12-6-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/10/1951

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12-1-51

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Mrs. Katie R. Williams 322 N. Schroeder St., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3J-

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - WHITE HALL
LENGTH OF STAY (in this place): 5 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - WHITE HALL
STREET ADDRESS (If rural, give location): BERNOUDY ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA	JOHNSON	WILLIAMS	DEC	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
FEMALE	WHITE	SINGLE	JANUARY 30 1951		11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	BALTIMORE CITY	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK WILLIAMS	NELLIE R. DOLL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Albert Doll - White Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia (Due to circumstances of death this is a conjecture)

4/12X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

10 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection (X), Inquiry ( ), thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes (X), accident ( ), suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. France	M.D.	Parkton, Md.	1/2/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JAN 2 1952	WISEBURG CEM.	WHITE HALL	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 1 1952	Mrs Howard S Mackline	Howard S. Mackline - White Hall	Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BIRTH NO

Registered No.

1. NAME OF DECEASED (Type or Print): GEORGIE ASHTON WILLIAMS

2. DATE OF DEATH: 12-26-57

3. PLACE OF DEATH:
A. Baltimore City, Maryland 108 REGISTER AVE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: 35 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A. STATE: BALTIMORE
B. COUNTY: Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 942 HARLEM AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
FEMALE	COL	SEP	4/24/93	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ELIJAH WILLIAMS VA

14. MOTHER'S MAIDEN NAME: GEORGIE FOSTER. VA.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS: FOSTER WILLIAMS 942 HARLEM AVE

CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arteriosclerosis

DUE TO

(B) Coronary thrombosis

DUE TO

(C)

4/20.1 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

94a

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY

R. H. Parker M.D.

22. *I hereby certify that I attended the deceased from* 12-26-, 19 57, *to* 12/26/, 19 57, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6:40 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward Parson M. D.

23B. ADDRESS: 11 E. Chase St

23C. DATE SIGNED: Dec 27, 57

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	12-31-57	MT. CALVARY CEM	A.A. County Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 28 1957

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS: WILLIAM A JACKSON. 916 PENNA. AVE

VS 150

To be cleared by Medical Examiner.

PLEASE WRITE PLAINLY IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11961

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place): 3 mths. 22 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 707 Gorsuchs Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
MARY	V.	WILLIAMS	December 21, 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 9, 1857	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none		Baltimore, Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Cornelius	Mary Morford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Hospital Records, Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	Many years
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (420.9 / 93d)	DUE TO (b) Senile arteriosclerotic nephrosclerosis	" "
	DUE TO (c) Generalized arteriosclerosis	" "

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Dec. 13 19 51, to Dec. 21 19 51, that I last saw the deceased alive on Dec. 21, 19 51, and that death occurred at 1 a. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B. Herrmann-Green MD — Spring Grove State Hospital, Catonsville 28, Maryland — 12-21-51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-24-51	Greenmount Cem	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 22, 1951	R.W.	WIEDEFELD & SON	GREENMOUNT AVE & 22ND

Mrs. Grace M. Hartman (3)
Box 716 Route 1
Balto, 21, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11962

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (In this place) 19 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218 Lodge Forest Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claymont
STREET ADDRESS (If rural, give location) 3203 Cathedral Blvd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Robert (Last) Wood
4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 51

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Aug 22/1858
9. AGE last birthday: 93 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wood
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Hallie Kimes 3203 Cathedral Blvd Claymont Del.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular disease	?
	(c)	

420.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF DEATH (Month) (Day) (Year) (Hour): 12 - 1 - 51 12:30 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. McCarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk 22 md DATE SIGNED 12/15-1

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/4/51
NAME OF CEMETERY OR CREMATORY: Moreland Park
LOCATION (City, town, or county) (State): Parkville Md.

DATE REC'D BY LOCAL REG. 12-3-51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St.

504-2216

VS. A15A